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“Will You Scream With Me?”; The Experience Of Expressive Therapy for One Adult Survivor Of Childhood Sexual Abuse and Their Counselor: A Single-Case Study Giving Voice to Complex Trauma

Maegen Grace Horton

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

"WILL YOU SCREAM WITH ME?"; THE EXPERIENCE OF EXPRESSIVE THERAPY FOR ONE ADULT SURVIVOR OF CHILDHOOD SEXUAL ABUSE AND THEIR COUNSELOR: A SINGLE-CASE STUDY GIVING VOICE TO COMPLEX TRAUMA

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has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Science, Department of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision.

_____
Accepted by the Doctoral Committee

_____
Heather Helm, Ph.D., Research Advisor

_____
Jennifer Murdock-Bishop, Ph.D., Committee Member

_____
Danielle Kahlo, Ph.D., Committee Member

_____
Tracy Gershwin, Ph.D., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

_____
Jeri-Anne Lyons, Ph.D.
Dean of the Graduate School
Associate Vice President for Research

ABSTRACT

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Due to the high prevalence of childhood sexual abuse (Finkelhor, 1994), most mental health counselors will likely provide treatment to adult survivors. However, many counselors lack specialty training in working with this vulnerable population (Priest & Nishiinura, 1995). Recent neurobiology research has illuminated the long-lasting effects of childhood sexual abuse on the brain and its implications for emotional expression and regulation (van der Kolk, 2014). Informed by this research, it stands to reason that expressive therapy, defined by Malchiodi (2005) as "the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care" (p. 2), may provide a more effective means of focusing on the nonverbal areas of the brain where trauma is stored (van der Kolk, 2014). While expressive therapies are not new to the field of counseling, little research has explored their potential benefits for the treatment of adult survivors of childhood sexual abuse. This single-case study interviewed one adult survivor of childhood sexual abuse (ASCSA) and their counselor regarding their experiences in expressive therapy for the treatment of childhood sexual abuse. The data showed that participants had a complex relationship and expressive therapies created opportunities for the client participant to integrate trauma. The results of this study add to the sparse literature concerning the use of

expressive therapy with ASCSA, informing counselor education and training efforts in this area, and especially, give voice to both ASCSA clients and counselors regarding their experiences.

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CHAPTER I

INTRODUCTION

Expressive Therapy with Adult Survivors of Childhood Sexual Abuse

Counselors are often tasked with providing effective, empathic treatment to adult survivors of childhood sexual abuse (ASCSA)--a client population who frequently experience multiple, complex mental health issues as a result of this form of childhood trauma. In the counseling field it is assumed that the work counselors are doing with ASCSA clients is perceived by these clients as effective, studies have shown that counselors and clients often have different perspectives on the efficacy of therapy (Spermon et al., 2013).

The literature supports that expressive therapies can be more successful than traditional talk-based therapies in work with ASCSA. Foremost, expressive therapies include nonverbal aspects of processing trauma, which may be beneficial for ASCSA who have stored this childhood trauma in nonverbal parts of the brain (van der Kolk, 2014). Expressive therapy is specifically defined as "the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care" (Malchiodi, 2005, p. 2). While there are many forms of expressive therapies, little research has explored the usefulness of such treatments, and even less research has collected both the perspectives of counselors and their clients.

This qualitative single-case study analyzed data from three interviews with one counselor and their ASCSA client. The data was collected in the form of the counselor's and client's verbal

accounts, journals as well as with the nonverbal processing method of sandtray to explore their experiences of expressive counseling. The purpose of this study was to give voice to the experience of an ASCSA client and their counselor within a therapeutic relationship that utilized expressive therapy techniques and processes.

The Centers for Disease Control and Prevention (CDC; 2008) defined childhood (under the age of 18) sexual abuse as "any completed or attempted (noncompleted) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver" (p. 14). A multitude of meta-analyses conducted on this topic, however, suggested higher rates of childhood sexual abuse (CSA) than the CDC's findings. For instance, Pereda et al. (2009) and Finkelhor (1994) concluded that one in four girls and one in seven boys experience CSA across multiple countries and multiple studies. Pereda et al. (2009) also noted that researchers use different definitions of what constitutes CSA, which may explain the variability in the statistics.

Globally, the World Health Organization (WHO, 2016) has estimated that one in five girls and one in 13 boys have experienced CSA. The World Health Organization (2016) defined CSA as:

> Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. (p. 1)

Although it is hard to know the exact number of children who experience CSA, incidents are likely underreported due to the stigma and inherent silencing that occurs with CSA; this is a prevalent problem that can greatly impact a survivor's mental, physical, and spiritual well-being (Pérez-Fuentes et al., 2013; Trickett et al., 2011).

The neurological, psychological, and biological impacts CSA can have on adult survivors will be discussed at length in Chapter II. One example of the significant effects resulting from CSA stems from a study in which researchers followed a group of women with a history of CSA and a demographically similar group of women without a history of CSA for 20 years (Trickett et al., 2011). The women who had experienced CSA had higher rates of cognitive deficits, depression, dissociative symptoms, troubled sexual development, obesity, and self-mutilation in comparison with the women who had not experienced sexual abuse. Further, the women who experienced CSA had more major illnesses and psychiatric diagnoses, showed more abnormalities in their stress hormone responses, and dropped out of high school at higher rates (Trickett et al., 2011).

To address the multitude of difficulties that can arise from CSA, many researchers and authors have proposed including aspects of therapy that allow for nonverbal processing (Panksepp & Biven, 2012; Talwar, 2007; van der Kolk, 2014). The memories that are formed during early childhood traumas have profound affective meaning, but they are not linear, cognitive experiences, because they often occur before the brain develops the ability to store autobiographical remembrances (Panksepp & Biven, 2012). For this reason, many mental health professionals and researchers believe that therapists must move beyond words and language to integrate the cognitive, emotional, and affective memories so that clients can heal from traumatic experiences (Talwar, 2007; van der Kolk, 2014; Wylie, 2004). Expressive therapies bring nonverbal aspects into therapy and include the body in the process of healing, which may be necessary before the client can integrate the healing on a cognitive level (Pearson, 1994; Simonds, 1994; Solomon & Siegel, 2003; Zappacosta, 2013).

By conducting this study, I hope to have illuminated how one ASCSA client and their counselor have experienced expressive therapy. Writing about these experiences with the rich detail demanded by a case-study design imparts knowledge to counselors, counselors-in-training, and other mental health professionals about the benefits and challenges of using expressive therapies with ASCSA. This is information that is currently absent from the literature. The results of this study can better inform counselor educators and supervisors who are guiding therapeutic work with ASCSA.

Background and Context

The treatment of ASCSA is inherently complex. Survivors are predisposed to depression, obesity, autoimmune disorders, eating disorders, and addictions (Wilson, 2010). Survivors also have a greater incidence of suicide attempts, posttraumatic stress disorder (PTSD), mood disorders, panic disorders, phobias, and attention deficit hyperactivity disorder (Briere & Elliott, 2003; Pérez-Fuentes et al., 2013). Moreover, survivors may experience more than one of the above issues at the same time, as comorbidity is common with ASCSA (Bohus et al., 2013; Sar, 2011).

The current interventions used with ASCSA include trauma-focused cognitive-behavioral therapy (CBT), nontrauma focused CBT, eye movement desensitization and reprocessing (EMDR), and interpersonal and emotion-focused therapy. These interventions are predominantly used to treat the symptoms that can result from CSA and have all been found to be efficacious to some degree in a meta-analysis conducted by Ehring et al. (2014), which focused on what the profession defines as effective outcomes, and not on the client's perceived satisfaction with therapy or the counselors' perceptions of clients' treatment. Expressive therapies have also been thought to be effective, but few research studies have explored these types of therapies, possibly

because they are more difficult to manualize and thus more difficult to study (Etherington, 2005; Hall, 2011; Stenius & Veysey, 2005).

Evidence emerging from the field of neurobiology lends support to the use of expressive therapy with ASCSA. For example, neuroimaging of the brain when recalling trauma shows that Broca's area, which is responsible for speech, remains inactive during the recall (Frewen & Lanius, 2006; van der Kolk, 2014). The right hemisphere lights up during the recall of trauma, specifically the amygdala, which is associated with emotional and automatic arousal (Frewen & Lanius, 2006; van der Kolk, 2014). These findings suggest that the imprint of trauma does not exist in the verbal, analytical regions of the brain, but instead exists in the nonverbal regions of the brain. Thus, traditional talk-based interventions may not be as effective as interventions like expressive therapies that focus on nonverbal brain regions (Baddock, 2008). This new neurobiology research may result in additional quantitative studies of the efficacy of expressive therapies in the future.

Statement of the Problem

Several issues were investigated in this study, but the primary focus was to understand one client's and one counselor's unique perspectives on their mutual expressive therapeutic process. This was accomplished through a case study that explored their perspectives on the work occurring through expressive therapy and their resulting therapeutic relationship. Despite the acknowledged importance of comparing perspectives of counselors and their clients (Spermon et al., 2013), studies that compare mental health professionals' and clients' experiences in therapy are rare. Even fewer studies have considered the perspectives of both counselors *and* ASCSA clients, even in therapeutic work that is not explicitly expressive (Chouliara et al., 2012; Draucker & Petrovic, 1997). For example, Martsolf and Draucker (2005)

conducted an extensive literature review of research studies that evaluated abuse-focused psychotherapy techniques for ASCSA and found that most studies did not obtain the clinician's perspective on the client's therapy. Despite recent advances in the field of neurobiology illustrating the potential benefits of expressive therapies for ASCSA (Frewen & Lanius, 2006; van der Kolk, 2014), no studies have described the experiences of both counselors *and* ASCSA clients in expressive therapy (Gantt & Tinnin, 2009; Kalmanowitz & Ho, 2016; Klorer, 2005). Moreover, while studies exploring the benefits of expressive therapies for non-ASCSA clients have shown positive results (Etherington, 2005; Hall, 2011; Stenius & Veysey, 2005), few studies have focused on the use of expressive therapy for recovery from childhood trauma, even though this population has potentially the most to gain.

Finally, no prior studies have given voice to the experience of therapy as an ASCSA by using qualitative methodology and expressive methods for data collection. Much research related to ASCSA in the past has been quantitative (Nelson et al., 2012; Polusny & Follette, 1995), with survivors filling out surveys designed by clinicians and researchers that may not accurately depict their experiences. As a result, it remains unclear whether ASCSA perceive their needs and service provision in the same way as clinicians and researchers or whether their needs are being met in clinical settings (Draucker & Petrovic, 1997).

Despite the documented difficulty in verbal expression that many ASCSA face as a result of their trauma (van der Kolk, 2014), no previous studies have utilized sandtray as an alternative, nonverbal means of data collection. Sandtray is considered a projective technique (Sweeney et al., 2003) that can be used to encourage participants to express private feelings and verbalize something that could be threatening or embarrassing (Cobliner, 1951). Moreover, projective techniques, and specifically sandtray, can help lead to insight or new perspectives (Stark & Frels,

2014). In research, projective techniques can be beneficial for overcoming response barriers associated with direct questioning (Oppenheim, 1992). Projective techniques can be used in many diverse ways during the research process and can help participants tap into feelings, perceptions, and attitudes (Catterall & Ibbotson, 2000). Sandtray can be used to externalize emotion and deepen the understanding of an experience or issue (Bradley et al., 2008), and it allows participants to have another avenue to describe their experience with expressive therapy. This case study attempted to address these gaps in the literature and contribute to the knowledge base on the experience of ASCSA in therapy.

Purpose and Research Questions

Given the identified gaps in the existing literature regarding ASCSA and expressive therapy, this qualitative study had three primary purposes. The first purpose was to explore the perspective of one ASCSA client regarding their experience in expressive therapy. The second purpose was to explore the perspective of the counselor regarding their experience in providing expressive therapy to this selected ASCSA client. The final purpose of this study was to explore both the client's and the counselor's perspectives on the shared counseling relationship resulting from their therapeutic work. Together, these three purposes informed this study's four primary research questions:

Q1 What was the experience of an ASCSA in expressive therapy?

Q2 What was the experience of a counselor working with an ASCSA using expressive therapy?

Q3 What was the experience of the counseling relationship for a counselor using expressive therapy with an ASCSA?

Q4 What was the experience of the counseling relationship for a client with their counselor using expressive therapy?

Rationale and Significance

The results that stemmed from these research questions generated vital knowledge that informs the therapeutic work of counselors, counselors-in-training, other mental health professionals, counselor educators, and supervisors. Due to the prevalence of childhood sexual abuse (CDC, 2010), most mental health clinicians will work with ASCSA at some point in their careers. However, research supports the premise that further training and supervision related to trauma and ASCSA are needed to assist clinicians in becoming more effective with this population (Eave, 2011; Priest & Nishiinura, 1995). By enhancing the understanding of counselor educators and supervisors related to the experience of one ASCSA client and counselor in expressive therapy, this study may improve the efficacy of training and supervision efforts.

This single-case study illuminated one counselor-client pair, but the rich, thick description included in the results will allow the reader to apply the results appropriately to inform their clinical work (Gustafsson, 2017). Through a deep understanding of one client's perspective of components of expressive therapy for trauma, counselors and other mental health professionals may be able to navigate the therapeutic process and relationships more aptly with ASCSA clients (Spermon et al., 2013). It may be especially helpful for counselors to recognize areas of similarities between the two experiences of the client and the counselor who participated in this study. ASCSA clients may also benefit from the findings of this study by better understanding the benefits and challenges of integrating expressive aspects into therapy. By reading about the experience of another survivor in the survivor's voice (as opposed to reading quantitative results), clients may find useful information they can apply to their own therapy or life. The results of this study have added to the sparse literature concerning the use of expressive

therapy with ASCSA and have given a much-needed voice to both the client and counselor regarding their experiences (Chouliara et al., 2012; Draucker & Petrovic, 1997).

Assumptions

It is important to make clear the many assumptions that guided the formation of this study. Articulating these assumptions will provide information to readers about the transferability and credibility of the results. It will also assist me with bracketing my biases throughout this process. In Chapter III, I discuss my assumptions in greater detail; however, here I will quickly outline the major assumptions that informed the study. These assumptions have been influenced by various sources, including the existing literature and my experiences as a counselor, supervisor, and educator-in-training. Additional assumptions included my beliefs about our culture, counselor education, expressive therapy, and nonverbal techniques.

Delimitations

The subsequent delimitations were meant to limit the scope of this study. The participant pool was limited to one ASCSA who was currently participating in expressive therapy and their counselor. Participants not included were ASCSA who were involved in some form of counseling that was not considered expressive. The client participant was self-identified as having a history of CSA. The counselor participant was self-identified as using expressive therapy with their client. The purpose for these delineations in this proposed study was to limit the exploration of expressive therapy to one ASCSA and their counselor.

Definition of Terms

ASCSA used the term *survivor* because it has been coined in the literature and by clinicians to recognize the strength of an individual who is *recovering* as an adult from their childhood trauma (Bass et al., 1994).

CSA was defined as sexual activity that involved a child and that occurred in a relationship that was deemed exploitative because of an age difference or caretaking relationship and/or as a result of force or threat. This could occur once or through extended contact, and sexual contact could have included intercourse, genital touching, exposure, pornography, or an act that brings sexual pleasure to the perpetrator (Finkelhor, 1991).

Complex PTSD, first coined by Herman (1997), was described as symptomatic disturbances in affect regulation, memory and cognitive abilities, self-identity, interpersonal relationships, somatization, and symptoms of meaning (van der Kolk et al., 2005). Complex PTSD has been conceptualized as a form of PTSD that is maladaptive, long-lasting, and a multidimensional consequence of chronic, early, and interpersonal (developmental) traumatization (Cloitre et al., 2009).

Developmental trauma refers to a type of stressful event that occurred repeatedly and cumulatively, usually over a period of time, and within specific relationships and contexts (Courtois, 2004). Childhood abuse (sexual, emotional, and physical) and neglect (physical and emotional) constitute typical forms of chronic traumatization (Sar, 2011). Childhood cumulative trauma (not adult trauma) predicts increasing symptom complexity in adults, and cumulative childhood trauma predicts increasing symptom complexity (Cloitre et al., 2009).

Expressive therapy was described as "the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care" (Malchiodi, 2005, p. 2). These therapies do not rely exclusively on verbal communication so they offer more ample invitations to those

with compromised language skills and/or adults who are unwilling or unable to engage verbally (Goodyear-Brown, 2011).

Healing or recovery from CSA has been written about by Spermon et al. (2013). The authors stated that their participants reported healing through the linking of trauma history with feelings of being overwhelmed, relational difficulties, poor self-identity, and reactivity were pivotal in enabling change. Seven problem areas were associated with early interpersonal trauma, which included alterations in the regulation of affective impulses, attention and consciousness, self-perception, perception of the perpetrator, systems of meaning, and somatization and/or medical problems (Herman, 1997). To heal from these seven areas involved increasing the ability to regulate, increasing self-awareness and self-worth, integrating new systems of meaning, and managing physical or somatic problems.

Sandtray is "an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and interpersonal issues using specific sandtray materials as a nonverbal medium of communication, led by the client and facilitated by a trained therapist" (Homeyer & Sweeney, 1998, p. 6). The use of sandtray allows for access to symbolic language and metaphor and the possibility of both chronicling events (creative narrative scenarios) and utilizing a type of guided imagery that can promote insight and change (Goodyear-Brown, 2011).

Trauma has many definitions, but one written by Levine (2008) aligned with many current definitions: "debilitating symptoms that many people suffer from in the aftermath of perceived life-threatening or overwhelming experiences" (p. 7). Further, an event that bothers one person may not be bothersome to another, and trauma does not have to come from a major catastrophe. Children can especially be overwhelmed by seemingly

common everyday events (Levine, 2008). People become traumatized when there is an inability to respond adequately to the perceived threat. Levine also stated, “Trauma is about loss of connection−to ourselves, to our bodies, to our families, to others, and to the world around us” (p. 9). Van der Kolk (2014) explained, *being traumatized* means continuing to organize your life as if the trauma was still occurring and every new experience is contaminated by the traumatic experience. Many symptoms can occur when a person is traumatized, including hyperarousal, constriction, dissociation and denial, feelings of helplessness, immobility, and freezing.

Organization of the Study

This study is presented in five chapters. Chapter I included an introduction to the literature related to the prevalence of CSA, impact of abuse, complexity of treatment, neurobiology of trauma, and expressive therapy. This chapter also included the statement of the problem, rationale and significance, purpose of the study, and research questions, assumptions, delimitations, and definition of terms. Chapter II provides a more thorough review of the literature related to the constructs in this study. Chapter III describes the research questions and qualitative methodology utilized to address the research questions. Chapter IV presents the findings of the data, and Chapter V provides the discussion and implications of the data.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this chapter is to present a comprehensive review of the existing literature on which this study was based. The literature pertains to the perspectives of ASCSA and their counselors and the salient research on neurobiology and trauma is included. There are misconceptions regarding CSA and ASCSA, and this literature review attempted to address many of the misconceptions counselors and counselors-in-training may hold about this client population. This review also demonstrates why expressive therapy is an important strategy when working with ASCSA.

Prevalence of Childhood Sexual Abuse

Counselors are likely to encounter clients who have a history of CSA. The CDC has collected ACE data for many years. The ACE study conducted by CDC and Kaiser Permanente was one of the largest investigations of childhood abuse and neglect. The results showed that in 2010, 15.2% of approximately 54,000 surveyed people in the United States reported experiencing CSA, in addition to 6.4% of men (CDC, 2010). These participants responded "yes" to either of these questions: "Did an adult or person at least 5 years older ever have you touch their body in a sexual way?" and "Did an adult or person at least 5 years older ever attempt oral, anal, or vaginal intercourse with you?" Participants were selected using an annual, state-based, random-digit-dial telephone survey through the Behavioral Risk Factor Surveillance System. Since 2009, 32 states and the District of Columbia have included ACE questions as part of their survey.

Finkelhor et al. (2014) also estimated exposure to sexual abuse and sexual assault throughout childhood by sampling youth aged 15 to 17 years. The authors gathered data by using three similarly designed national telephone surveys of youth in 2003, 2008, and 2011, with sample sizes of 415, 913, and 965, respectively. This was a national sample that used a four-question screener that assessed several different perpetrators, which could include adults or peers. Examples of the four questions included, "At any time in your life, did a *grown-up you know* touch your private parts when they should not have or make you touch their private parts?" or "Did a *grown-up you know* force you to have sex?" Based on the analysis of 17-year-olds, 26.6% of females and 5.1% of males experienced sexual abuse sometime during their childhood (Finkelhor et al., 2014). The 17-year-old participants' results showed the highest prevalence of abuse. There was an increase in respondents replying "yes" with each additional year from ages 15 to 17. The authors discussed the implications of this, writing that it is important to assess sexual abuse in later adolescence because victimization continues to occur throughout these years. The strengths of this study included that the authors sampled a current cohort of children under the age of 18. The results also showed that over half of the total estimate of offenses occurred with juvenile perpetrators (Finkelhor et al., 2014). The authors argued the necessity of understanding CSA rates that include or exclude offenses done by other children.

Counselors need to recognize that CSA affects both male and female clients. For example, one national survey found 14.2% of men and 32.3% of women reported childhood experiences of sexual abuse (Briere & Elliott, 2003). Of the potential participants, 935 returned the mailed survey, resulting in a 65% return rate, which fell within the range of acceptability for mail-out research (Dillman, 1978). The sampling was geographically stratified and random. The survey results suggested that, in the United States, about one in three women were sexually

abused as children and almost one in five men were abused as children. These are the rates of incidents that occurred approximately 30 years ago, not the current rates of CSA. However, like any study that uses surveys, the results may have been impacted based on the type of people who responded to the survey. This survey did not include those who did not speak English, who were homeless, or incarcerated populations (Briere & Elliott, 2003). According to the authors of the study, clients may have also under- or overreported their history and suffered from memory distortion or absence of memory due to the effects of trauma or the passing of time. Despite some limitations in methodology, the results of this study lend support to the fact that both women and men experience CSA, and though women may experience higher rates of CSA, the rates at which men experience CSA are not insignificant.

Childhood sexual abuse has similarly high rates of prevalence internationally as compared to within the United States. For example, Finkelhor and Dziuba-Leatherman's (1994) meta-analysis looked at data collected from 21 countries across five continents and multiple studies. The authors estimated that one in four women and one in seven men experience sexual abuse as children. Pereda et al. (2009) followed up on Finkelhor and Dziuba-Leatherman's (1994) work and found similar data. These authors examined the prevalence of CSA across the globe since 1994 and compared their findings to Finkelhor and Dziuba-Leatherman (1994). More specifically, Pereda et al. (2009) performed a meta-analysis of relevant articles that reported on the prevalence of CSA. They included articles in their analysis if the study (a) measured prevalence of CSA, (b) used a nonclinical sample, (c) was written in English, and (d) presented enough information to identify sample size and prevalence. They concluded that CSA remains an international problem, and CSA rates have remained fairly constant since Finkelhor and Dziuba-Leatherman's (1994) findings. Another meta-analysis reviewed international studies to find the

prevalence of CSA internationally (Barth et al., 2013). The authors systematically reviewed 55 studies published between 2002 and 2009 and found that 8%-31% of girls experience CSA and 3%-17% of boys experience CSA (Barth et al., 2013).

These studies suggest that CSA is a significant phenomenon in the United States and the world. Thus, it is likely that counselors will encounter a client (or many) who identifies as an ASCSA. While there is variability among the statistics reported above, this inconsistency may be in part due to the prevalence of unreported cases estimated as high as 90% (Freyd et al., 2005; Gilbert et al., 2009).

Lastly, it is important to place the rate of CSA in the context of the rate of other forms of child abuse or correlates of child abuse. The ACEs study using the Behavioral Risk Factor Surveillance System data collection in 2010 found that (a) 14.9% of participants reported witnessing intimate partner violence in their house as a child, (b) 25.1% reported household substance abuse, (c) 16.3% reported household mental illness, and (d) 22.8% reported parental separation or divorce (CDC, 2008). The prevalence of CSA appears to fall within these ranges.

Mental and Physical Health Effects of Childhood Sexual Abuse

Given the prevalence of CSA, counselors need to understand the mental and physical health effects of this form of child abuse. Individuals seeking mental health services have a much higher incidence of CSA compared with those not seeking mental health services. An estimated 70% of women who experienced CSA seek counseling services (Blumer et al., 2013). This high percentage is likely due to the significant impact the abuse can have on the mental health of survivors.

Treatment of ASCSA can be complex for many reasons, including survivors' predisposition to depression, obesity, autoimmune disorders, eating disorders, and addictions

(Wilson, 2010). Further, ASCSA are at increased risk for suicide attempts, PTSD, mood disorders, panic disorders, phobias, and attention deficit hyperactivity disorder (Briere & Elliott, 2003; Pérez-Fuentes et al., 2013). For example, a longitudinal study conducted by researchers at the National Institute of Mental Health followed 84 girls between the ages of 6 and 16 years with a confirmed history of sexual abuse (Trickett et al., 2011). These girls were then matched to a comparison group of girls who had not been sexually abused and who were similar in age, race, socioeconomic status, and family constellation. The criteria involved in the study included substantiated sexual abuse, including genital contact and/or penetration, and that the perpetrator was a family member (parent, grandparent, older sibling, aunt, or uncle, etc.). The researchers followed participants for 20 years. As adults, the women who had been sexually abused as children experienced higher rates of cognitive deficits, depression, dissociative symptoms, troubled sexual development, obesity, psychiatric diagnoses, and self-mutilation. They also had more major illnesses, showed abnormalities in their stress hormone responses, and dropped out of high school at higher rates than the girls who were not sexually abused. As these women aged, the women appeared to be less able to register distress (Trickett et al., 2011). This is particularly notable because difficulty in registering distress leads to the inability to protect oneself due to the inability to distinguish a safe environment from an unsafe environment (Trickett et al., 2011).

These results point to the need for counselors to understand the psychological and neurobiological mechanisms behind the long-term effects of trauma. For this reason, the following sections explore the physiological aspects of trauma, the neurology of trauma, alexithymia, the impact of neurological changes in trauma on emotional regulation, and the impact of neurological changes in trauma on memory.

Physiological Aspects of Trauma

Counselors working with ASCSA must understand that trauma impacts the entire body, and this may result in clients needing nonverbal therapeutic options (e.g., in expressive therapies) to therapeutically access this trauma. There are two interdependent branches of the nervous system: the peripheral nervous system and the central nervous system (S. F. Fisher, 2014). Within the peripheral nervous system is the autonomic nervous system, which is responsible for the homeostatic regulation of organs in the body (lungs, gut, heart) and has two branches: the parasympathetic nervous system (PNS) and the sympathetic nervous system (SNS). The PNS allows the body to rest and digest and the SNS primes the body for fight or flight. Ideally, these two systems regulate each other. However, when an environment is chronically overwhelming (e.g., through repeated CSA experiences), both systems become exhausted and no longer influence each other (S. F. Fisher, 2014). When children cannot respond to the threat of sexual abuse through activation of the SNS (they cannot run or fight), the PNS attempts to restore homeostasis; however, it goes into overdrive to try and reduce the futile sympathetic activation that occurs when children have no control (S. F. Fisher, 2014). Therefore, homeostasis is an elusive experience for these children. With both systems in overdrive, the child's freeze response, the most primitive defense humans have at their disposal, often activates (S. F. Fisher, 2014). This frequently presents as the psychological experience of dissociation (S. F. Fisher, 2014).

The body is critical to survival during sexual abuse (van der Kolk, 2014). The brain decides which response is necessary: fight, flight, or collapse and disengagement. Collapse and disengagement are most likely when an attacker is holding someone down or a child cannot escape from their perpetrator (van der Kolk, 2014). Memories of the sexual abuse can come back

with physical sensations, which further solidify the connection between the mind and body during a traumatic experience. Since the body manages and holds the trauma, survivors need to process the trauma through the body. As van der Kolk (2014) wrote in his book on the brain, mind, and body in the healing of trauma:

> The body keeps the score: If the memory of trauma is encoded in the viscera, in heartbreaking and gut-wrenching emotions, in autoimmune disorders and skeletal/muscular problems, and if mind/brain/visceral communication is the royal road to emotion regulation, this demands a radical shift in our therapeutic assumptions. (p. 86)

Therefore, trauma is processed as a whole-body experience. Trauma is not just cognitive or emotional; it includes the entirety of the person (van der Kolk, 2014).

This is echoed in the literature, as Bloom (2005) theorized that, based on the psychobiology of exposure to violence, a survivor experiences and remembers the trauma in nonverbal, visual, auditory, kinesthetic, visceral, and affective modalities. He further posited that survivors of violence are not able to think about the trauma or verbally process the experience in any way. Similarly, Levine (2008) theorized that trauma is locked in the body and, therefore, the body must be accessed to heal. Talwar (2007) cited Levine (1992) when he wrote, PTSD is "fundamentally a highly activated, incomplete, biological response to threat, frozen in time" (p. 3). As previously described, when a threat/traumatic event occurs, human beings are programmed to flee, fight, or freeze. Therefore, Levine (1992) theorized that when these natural responses to danger are thwarted and people are helpless to prevent their trauma, the unfinished defensive actions of flee, fight, or freeze become impeded as unreleased energy in the nervous system. This leads to people remaining physiologically frozen in a state of high biological readiness to react to the traumatic event, even though the event has passed. The unreleased energy of the blocked response to the trauma eventually metastasizes into the array of PTSD symptoms.

Levine (1992) believed that the traumatized human organism still needs to complete the interrupted action of fight, flee, or freeze. Wylie (2004), in an interview with van der Kolk, posited that people who have experienced being helpless and unable to move physically and psychologically "must regain in therapy that lost capacity to move, to fight back, to live fully in their bodies as much as in their minds" (p. 8). As discussed later in this chapter, expressive therapies may assist with this action.

Individuals who have experienced trauma often report a sense of disconnection between their minds and bodies. McFarlane (2010) found that people with PTSD had difficulty recognizing objects put into their hand with their eyes closed. Van der Kolk (2014) wrote about his clients that had a history of abuse who could not feel whole areas of their body, and as a result, they felt chronically unsafe inside of their body. When trauma survivors are not connected to their body, it may be a waste of energy to engage in talking psychotherapy (Wylie, 2004). This is when expressive therapies may be more beneficial. Wylie (2004) believed that effective therapy includes helping people regulate their core functions, and this cannot be done by words and language alone. Clients first have to learn how to feel safe enough to not shut down physiologically so they can then process the trauma emotionally. Wylie (2004) posited that regulation is the first step in healing. An individual needs to have the internal capacity to manage the feelings and physical sensations of past traumatic experiences. This allows a person the ability to face their *inner horrors* and to regain life (Wylie, 2004, p. 5). It has long been evident that trauma affects the body and brain in many ways, but more recently, with an advance in neuroimaging techniques, researchers have been able to see the impacts of trauma from a neurological perspective.

The Neurology of Trauma

Counselors need to understand how their therapeutic work with ASCSA clients, especially through expressive therapies, may impact the brain's neurology and minimize the effects of CSA. Understanding this information about the neurology of trauma will also bolster the rationale for utilizing expressive therapies with ASCSA clients.

More recently, researchers have been able to scan individuals' brains using imaging tools to assess where and how trauma impacts the brain (Frewen & Lanius, 2006; Gantt & Tinnin, 2009; van der Kolk, 2003, as cited in Crenshaw, 2006). Discoveries are shaping how the mental health field understands the impact of trauma. Neuroimaging of clients who have experienced trauma (when asked to recall trauma) has shown that the left frontal cortex, specifically Broca's area responsible for speech, remains inactive during the recall (Frewen & Lanius, 2006; van der Kolk, 2014). During recall time, the right hemisphere lights up, specifically the amygdala, which is associated with emotional and automatic arousal (Frewen & Lanius, 2006; van der Kolk, 2014). Observations of the brain have shown that the imprint of trauma is less linked to the verbal, analytical regions of the brain. The trauma more greatly affects the limbic system and nonverbal region of the brain, and these areas are only slightly used in thinking and cognition (van der Kolk, 2014).

Van der Kolk (2003) wrote that when people relive their trauma, their frontal lobes become impaired because blood flow and energy are directed to the limbic system to focus on lower-level activities, such as scanning the environment and ensuring safety. Therefore, less attentional energy is available for language or higher-level executive functioning. This impacts a person's ability to think and speak coherently; they are no longer able to communicate to themselves or others about what is going on. Posttraumatic reactions are located in the emotional

brain and the fundamental issue in resolving traumatic stress is to restore the proper balance between the rational (analytical region) and the emotional brain (limbic region; van der Kolk, 2014). For this reason, in particular, expressive therapies not reliant solely on verbal communication may be more effective in working with ASCSA clients.

In one study, Scott Rauch, the director of the neuroimaging lab where van der Kolk worked, scanned the brains of eight participants who had experienced trauma (van der Kolk, 2014). Two scans were taken: one was of the participant remembering a neutral event in their life and one was of the participant remembering their trauma. The scans showed that when participants remembered their trauma, they dissociated: the left frontal cortex shut down and the right hemisphere (emotional states and autonomic arousal) lit up. The trauma appeared imprinted in the deeper regions of the brain (the limbic system): the amygdala, hippocampus, hypothalamus, and brain-stem (van der Kolk, 2014; Wylie, 2004). The scans showed that during trauma recall, the limbic system is more activated, which is the part of the brain tied with the nonverbal, more movement-oriented (scanning environment to assess the need to flee, fight or freeze) and indicates the need to process trauma starting with the body to address where the trauma has imprinted within a person (Wylie, 2004).

Similarly, De Bellis (2001) used MRI scans of children with PTSD and matched them to children that were not traumatized. The traumatized children had smaller intracranial volumes, which can cause intrusive thoughts, avoidance, hyperarousal, and dissociation. This is significant because research indicates that diminished intracranial volume is associated with neurological and psychiatric conditions (De Bellis, 2001). The results of this study suggested that the earlier the abuse occurs, the more severe the effects on intracranial volumes, and childhood maltreatment may have a cumulative effect on adverse brain development (De Bellis, 2001).

Alexithymia

Another neurological phenomenon that can arise from trauma is alexithymia. This is the inability to describe what one is feeling because they cannot identify what their physical sensations mean (van der Kolk, 2014). When a person struggles to discern what is occurring inside of their body, they are unable to understand or vocalize needs (van der Kolk, 2014). This may lead to substituting action for emotion. An example of this is when a person is asked how they would feel if a snake was about to bite them, and their response is, "I'd get out of the way." This is in comparison to a person without alexithymia saying, "I'd be scared." The tendency is to register emotions as physical problems rather than an indicator that deserves attention (van der Kolk, 2014).

Brain scans of those with alexithymia showed individuals who were more out of touch with their feelings and had less activity in the self-sensing areas of the brain (Frewen et al., 2008). One of the participants in Frewen et al.'s (2008) study said, "I don't know what I feel, it's like my head and body aren't connected. Having a bubble bath and being burned or raped is the same feeling" (p. 7). This difficulty of sensing what is occurring in one's body makes it hard to respond to daily stressors. The reaction may range from dissociation to excessive anger without the ability to discern what initiated the response (van der Kolk, 2014). Van der Kolk (2014) believed that to develop the ability to name emotions, a person needs to recognize the relationship between physical sensations and their emotions. This involves connecting the body and mind, and to accomplish this, both would need to be involved in the healing process. Given the fact that ASCSA are more likely to experience alexithymia (Berenbaum, 1996; Cloitre et al., 1997), expressive therapies may be more effective for ASCSA clients because there is less of a dependence on verbal communication and a strong emphasis on a connection with the body.

Impact of Neurological Changes in Trauma on Emotional Regulation

As mentioned previously, because of the described neurological changes, it is difficult for survivors of trauma to maintain emotional regulation. Counselors can benefit from understanding that ASCSA clients may need more assistance in developing grounding techniques before beginning deeper therapeutic work related to CSA. This information also provides a rationale for the use of expressive therapies that may increase right- and left-brain connections for the recovery from trauma.

Dion and Gray (2014) wrote about the importance of the right- to left-brain connection to heal the hippocampus. The hippocampus and amygdala are both parts of the limbic system that deal with processing emotions and forming long-term memories. Emotional stimuli are processed by the amygdala and then stored and accessed by the hippocampus. The amygdala (alarm bell to assess threat) becomes hypersensitive after a trauma (Dion & Gray, 2014), and it needs to become regulated for an individual to be able to process the trauma (Siegel & Bryson, 2011). Dion and Gray (2014) posited that the feeling of being understood (i.e., the felt sense) between two people calms the amygdala, which then allows space for the hippocampus to heal.

Emotion regulation is vital to creating a sense of safety but cannot be created through talking only, according to Kalmanowitz and Ho (2016). They believed that it is not the verbal or content exchange that allows healing but the experience of a person feeling understood by another person. This includes empathy, attunement, and the ability to communicate these things to another person. The counselor needs to be able to regulate during a session so that the clients can use the counselor's nervous system to regulate themselves. Emotional regulation, according to Omaha (2004), is the basis for an adaptable healthy human, while emotional dysregulation creates the need for therapeutic intervention. Emotional regulation is considered the ability to be

mindful and attached to oneself (Dion & Gray, 2014). A few examples of this include the ability to think logically and clearly, display a wide range of emotional expressions, the ability to notice breathing, and the internal awareness of both mind and body (Dion & Gray, 2014). As Omaha (2004) noted, "affects are genetically hard-wired, physiological building blocks from which feelings, emotions, and moods are constructed" (p. 4). Therefore, an individual's self-organization or ability to process and integrate an experience depends on the ability to emotionally regulate (Omaha, 2004). Not only do the amygdala and hippocampus affect regulation, they are also involved with memory.

Impact of Neurological Changes in Trauma on Memory

Changes in memory are also associated with the neurological impacts of trauma, and these changes may slow the therapeutic process, especially when verbal recall is emphasized. Wylie (2004) discussed explicit and implicit memory and how traumatic memories are more easily stored in the implicit memory. Explicit memory is also called *declarative memory* and it comprises facts, concepts, and ideas, and engages the left side of the brain. Words (both oral and written language) are necessary for both storage and retrieval of explicit memory. The explicit memory engages the hippocampus to create the cognitive map of events. It also serves in executing complex operations, solving problems, and performing tasks. Explicit memory allows someone to tell their story, narrate events, associate meaning with experience, and create a timeline of events (Wylie, 2004).

Panksepp and Biven (2012) wrote that implicit memory bypasses language and thought and involves the storage and recall of learned procedures and behaviors. These memories are cognitively unconscious but still capable of influencing behavior (Panksepp & Biven, 2012). Implicit memory responds to the internal states that are automatic and operate unconsciously. A

few examples include driving, drawing, or writing, or other tasks that people perform without thinking (i.e., the tasks that have become second nature to everyday living; Wylie, 2004). While performing these tasks, explicit memory remains engaged in identifying the facts and creating a cognitive map of the event (Rothschild, 2003; van der Kolk, 1994). During a traumatic experience, implicit memories may not link to explicit memories, and this is part of the reason trauma is stored differently than nontraumatic experiences. It appears that traumatic memories are more easily stored in implicit memory (Rothschild, 2003). Early childhood traumas are challenging to treat because the memories occurred before the child's brain has the ability of autobiographical remembrances, which is the ability to remember events of our lives. As a result, these early experiences have profound affective meaning. As Panksepp and Biven (2012) conveyed, often childhood traumas are the most difficult emotional memories to manage with the *talking cure*.

Furthermore, Rothschild (2000) wrote that the two areas of the limbic system central to the storage and retrieval of memory are the amygdala and the hippocampus, both of which are impacted by trauma. The amygdala is most associated with the evaluation of emotional meaning related "to highly charged emotional memories such as terror and horror" (Rothschild, 2000, p. 12). The amygdala becomes active both during and while remembering a traumatic incident. On the other hand, the hippocampus creates the cognitive layout of the experience, "putting our memories into their proper perspective and place in our life's timeline" (Rothschild, 2000, p. 12). The hippocampus compares the events of the present experience with events from the past and also determines if and how the events are associated with the past. If an event is processed and integrated, the event then becomes an experience with a beginning, middle, and end. However, if an event cannot be processed--a trauma--then the event is prevented from occupying its proper

place in the individual's life history (Jacobs et al., 1996; Rothschild, 2000; van der Kolk, 1994). The trauma will continue to invade a person's present experience and will likely impact the integration of the traumatic experiences and memory (Rothschild, 2000). Expressive therapies may allow clients to more easily access implicit memories.

Symptoms and Diagnoses Related to Childhood Sexual Abuse and Presentation in Treatment

Given the neurological and physiological effects of CSA, counselors must learn to recognize the possible repercussions of CSA in adult clients presenting for treatment, including related mental health diagnoses. It is recognized that there can be lifelong implications of CSA that need therapeutic attention. This is often compounded by the fact that those with a trauma history have rarely experienced only one traumatic event, but rather multiple incidents of trauma (Kessler, 2000). The phenomenon of multiple trauma exposure has been noted among survivors of childhood abuse, domestic violence, and witnesses to or targets of genocide (Cloitre et al., 2009). Research has indicated that exposure to continued, recurrent or multiple traumas, especially in the childhood years, can result in a complex symptom presentation. This can include posttraumatic stress symptoms as well as other symptoms related to affective and interpersonal self-regulatory capacities. Some examples of these symptoms include difficulties with anxious arousal, anger management, dissociative symptoms, and aggressive or socially avoidant behaviors (Cloitre et al., 2009). Herman (1997) also found that experiencing interpersonal trauma, such as what occurs during CSA, can lead to alterations in the regulation of affective impulses, regulation of attention and consciousness, self-perception, perception of the perpetrator, systems of meaning, and experiencing somatization and/or medical problems. These alterations as a result of CSA can manifest in a client's presentation in therapy.

Dissociation is another symptom that a client may experience as a result of CSA. Dissociation is characterized by a disruption of usually integrated functions of memory, consciousness, identity, or perception of the environment (American Psychiatric Association, 2013). These responses can influence regulation, memory, cognitive abilities, self-identity, and interpersonal relationships (van der Kolk et al., 2005). The percentage of survivors experiencing dissociative disorders is estimated to be 80% (Van Den Bosch et al., 2003). Prolonged interpersonal trauma during childhood development can create dissociative responses that fundamentally restructure the personality. This may result in "a profound distortion of a core self-process [with a] fragmentation of the self" (Ogawa et al., 1997, p. 856).

Given the complexity of issues occurring in ASCSA, comorbidity in diagnoses is common in this client population (Bohus et al., 2013; Sar, 2011). Two thirds of clients who fit the criteria for borderline personality disorder have been found to have a concurrent dissociative disorder that is related to developmental trauma (Sar et al., 2006; Zittel Conklin & Westen, 2005). PTSD often co-occurs with other severe psychopathology, and ASCSA often are diagnosed with both PTSD and borderline personality disorder (Bohus et al., 2013). Comorbidity with ASCSA can also include a range of anxiety disorders, depressive disorders, and substance abuse. For instance, Cougle et al. (2010) found a correlation between ASCSA and social anxiety disorder, panic disorder, generalized anxiety disorder, and PTSD.

In a study of depression, 2,402 adults between the ages of 18 and 65 years were assessed at a baseline and then again 4 years later (Spinhoven et al., 2014). The authors also found major depression and PTSD were highly associated with females who had experienced childhood trauma (84.4%), which included sexual abuse. Lastly, ASCSA has also been linked to substance problems and substance dependence disorders (Marx et al., 2005; Risser et al., 2006).

While multiple diagnoses do not necessarily demand more complicated treatment, counselors must be aware of how various symptoms may impact their clients and inform recovery efforts. In the therapeutic process, disclosures are a layer of treatment, and they are not always forthcoming from clients with a history of CSA due to the shame surrounding the experience (Resick & Calhoun, 2001). Survivors may have learned that disclosing their abuse is unsafe or that another adult is not able to respond to the disclosure in a way that supports the survivor (Resick & Calhoun, 2001). A counselor must be able to understand the multiple ways in which this trauma can present itself so the counselor does not assume the abuse did not occur based on a lack of disclosure. It is also important for counselors to be trained not to make assumptions that a client has experienced abuse. This could lead to ineffective treatment goals, disempowerment, lack of attunement, and a rupture in the therapeutic relationship.

Given the complex interactions of physiological and neurological effects of CSA and the multitude of ways in which this form of trauma may present in adults, traditional talk therapy may not be the most effective form of therapy for ASCSA clients. The next section will summarize the rationale for using expressive therapies to assist ASCSA.

Physiological and Neurological Rationale for Expressive Therapies

Because trauma affects a person's physiology and neurology, researchers have explored the value of nonverbal therapies for the treatment of trauma, especially with ASCSA. Specifically, expressive therapies, such as art therapy, dance-movement therapies, and somatic therapies, may be more beneficial for survivors of trauma. As described in previous sections, much research supports the assertion that trauma is a nonverbal experience (Gantt & Tinnin, 2009; van der Kolk, 2014). First, evolutionary survival strategies create instinctual responses to trauma. These evolutionary survival strategies include flight (flee), fight, or freeze. During an

overwhelming threat, an individual's normal verbal capacity shuts down as a biological response to focus on survival (Frewen & Lanius, 2006). Perceptions and thoughts that occur during this time are stored in nonverbal memory as fragmentary states of experience without temporal order (Gantt & Tinnin, 2009). Second, neuroimaging of responses to trauma shows inactivity in the cingulate cortex and other parts of the brain involved in verbal control and expression (Frewen & Lanius, 2006). Last, alexithymia, or difficulty in identifying and labeling emotional states, occurs during posttraumatic dissociation (Gantt & Tinnin, 2009). These factors combined make it very difficult for survivors of trauma to benefit from verbal-based therapies alone.

As van der Kolk (2014) explained in *The Body Keeps the Score,* trauma produces physiological changes. This includes recalibration of the brain's alarm system, an increase of stress hormone activity, and alterations in the system that decides relevant information from irrelevant information. Trauma leaves an imprint on the mind, brain, and body, and the trauma reorganizes the way the mind and brain manage perceptions (i.e., how one thinks and the capacity to think; van der Kolk, 2014). There is now an understanding that to heal from trauma, the automatic physical and hormonal responses of the body that remain hypervigilant need to learn that danger has passed and to live in the reality of the present moment (van der Kolk, 2014). This illuminates the benefits of the body being involved in processing from trauma (van der Kolk, 2014).

Talwar (2007) wrote that counselors must move beyond words and language to integrate the cognitive, emotional, and affective memory for clients to heal from trauma. She wrote that healing must start in the body before it can be integrated on a cognitive level. The expressive therapies described in the next section could provide clients with the tools needed to harness the body towards healing.

Expressive Therapies

Expressive therapy is defined as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray in psychotherapy, counseling, rehabilitation, or health care (Malchiodi, 2005). There is a long history of the use of expressive therapies since ancient times as preventative and reparative forms to health (Malchiodi, 2005). Historically, medicine, anthropology, and the arts have used expressive modalities to heal (Malchiodi, 2005). Some examples of this include Egyptians using artistic activity for mental illness and Greeks using drama and music for community healing (Gladding, 1992). More recently, psychotherapists used creative art therapies during the 1930s and 1940s for people with severe mental illness, specifically to allow for self-expression through nonverbal methods, such as painting or movement (Malchiodi, 2005).

Expressive therapy can add important components to the counseling process, which are not always found in verbal therapy alone. This includes, but is not limited to, self-expression, active participation, imagination, and, importantly, accessing the mind-body connection.

For my research, I elaborate more on the mind-body connection. Mind-body interventions are defined as techniques that facilitate the mind's ability to influence bodily functions and symptoms (National Center for Complementary and Alternative Medicine, 2004). Expressive therapies are considered mind-body interventions because of how the body is used during therapy, and many expressive therapies have somatic components intertwined (Malchiodi, 2005). Researchers have found that art, drama, and play therapies can lead to a decrease in posttraumatic stress because, through expressive therapies, clients can express traumatic memories through their bodies (Malchiodi, 2005). Further, music, art, and dance/movement can tap into the body's ability to relax, which regulates the nervous system and allows the prefrontal

cortex to be accessed (Malchiodi, 2003). In general, expressive activities can create self-soothing experiences that induce self-relaxation to learn and repair dysregulating/traumatic experiences from childhood (Malchiodi, 2003; Tinnin, 1994).

Van der Kolk (2014) wrote in depth about how to change posttraumatic reactions by using the body in the therapeutic process. He discussed body-based therapy, sensorimotor psychotherapy, and somatic experiencing as ways to restore baseline safety to begin the therapeutic work. One example is art counselors having a client create a piece of artwork. The client is using their body to make art and must access both sides of the brain to create something. Another example is when dance-movement counselors have a client move around in the room to feel more grounded and intentionally be in touch with their body (van der Kolk, 2014).

Although research in this area is lacking, using expressive therapies with ASCSA is not a new concept. Simonds (1994) wrote a book that specifically covers nonverbal therapies with survivors. She addressed many aspects of the benefits of using nonverbal modes with this population. She discussed art and movement therapy and how ASCSA clients have an affinity towards these models. Specifically, she wrote that many survivors feel a loss of self and voice, and expressive therapies provide a tangible, here-and-now experience for survivors to look for their voice (Simonds, 1994). She also discussed the alienation ASCSA clients can feel from their body and the need for survivors to connect and integrate their body and mind experiences. This process includes becoming aware of the body, becoming attentive toward the body, feeling safe in the body, and learning how to be present in the body (Simonds, 1994). Therapy that involves the body allows the client space and guidance towards accomplishing these goals.

Counselors have been using expressive therapies with ASCSA for decades, and the previously described advancements in the field of neurobiology support the continued use of these methods:

> Today, through neuroscience, we can better understand why the arts are so therapeutic--that to master trauma, it is necessary first to access the nonverbal right hemisphere (through images, sounds, and movements); and then to enable it to communicate with the left, to gain cognitive and affective mastery. Thanks to the disciplines of the expressive arts therapies, in the hands of experienced clinicians, patients of all ages can play and create their way to mental health. (Rubin, 2006, p. 12)

Van der Kolk (2014) believed that trauma occurs from the breakdown of movement. Therefore, he believed that the facilitation of movement forms the foundation of working with trauma (this includes any therapy that involves movement). Trauma can seem to trap a person in the past, but a counselor can use nonverbal therapy, where the main task of the therapy is to help the individual to feel and become aware of the sensations and feelings in their body in the *present* moment (van der Kolk, 2014). Through this focus on the present, the individual can reestablish a sense of time internally. This is linked to an increase in emotional and cognitive flexibility (van der Kolk, 2014).

It has also been established that expressive therapies can help reestablish and encourage healthy attachments through sensory experiences, interactions, movement, and hands-on activities (Malchiodi, 2005). ASCSA may have experienced insecure attachment due to the lack of attunement by caregivers and safety and security concerns (Alexander, 1992). Before children rely on words, they form attachment through experiential and sensory means. Through the use of expressive therapies, which are experiential and sensory in nature, adults can repair and reshape their early childhood experiences of attachment, allowing the brain to establish new, more functional patterns (Malchiodi, 2003; Riley, 2001).

Specific Types of Expressive Therapies for Adult Survivors of Childhood Sexual Abuse

Several different types of established expressive therapies have been utilized and researched for ASCSA: art therapy, sandtray therapy, dance-movement therapy, and several other mind-body oriented therapies. ASCSA who participated in the research voiced appreciation for expressive therapy because talking about their past sexual trauma in therapy has often been distressful and overwhelming (Visser & du Plessis, 2015). Existing research on the efficacy of these modalities, specifically for ASCSA, is limited, but some evidence highlights the benefits for ASCSA as described below.

Art Therapy

Art therapy allows for communication with the nonverbal mind and provides a path for effective therapy with trauma survivors where none existed previously (Gantt & Tinnin, 2009; Tinnin, 1990). Kalmanowitz and Ho (2016) stated, "the significance of this is that through the arts creativity and imagination, we can begin to process the traumatic material using our different senses, in addition to (and not only) our cognitive mind" (p. 4). When art therapy is successful, it can integrate right- and left-brain functions, which then helps integrate experiences, especially on a nonverbal level (McNamee, 2005). Based on neuroimaging research on trauma and current art therapy studies, it is possible to conclude that art making involves both of the brain's hemispheres in accessing memories and processing emotions (Talwar, 2007). In art therapy, a person's left hemisphere offers an explanation to the right hemisphere in the form of a created image. The client can put into pictures what was not possible to put into words, and from here the client can start to process (or integrate) the experience. This is similar to Grossman et al.'s (2006) description of meaning-making. The authors conducted a qualitative study with male

ASCSA and found a theme of the importance of meaning-making through creative expression. Art therapy may also help clients make meaning from their trauma by aiding the emotional and analytical sides of the brain to communicate (van der Kolk, 2014).

Sandtray Therapy

ASCSA clients may benefit from the therapeutic modality of sandtray (also referred to as sandplay therapy) because, as with art therapy, sandtray allows for externalized creations of the client's internal world of affect, cognition, perceptions, picture memories, and compartmentalized aspects of difficult life experiences (Lennihan, 2013). More specifically, sandtray allows for mental and physical assimilation, access to symbol language and metaphor, and the opportunity of both chronicling events and utilizing a type of guided imagery that can promote insight and change (Goodyear-Brown, 2011). This understanding is becoming more accepted, as neuroscience promotes the use of many expressive therapies for addressing trauma (Baddock, 2008).

Zappacosta (2013) also touted the benefits of sandtray therapy for clients who have experienced sexual abuse because it can be retraumatizing to rely on talk therapy to act as the primary healing agent. He wrote, "expressive therapies, particularly sandtray therapy, have become more and more accepted as a modality that offers a safe and protected space for the reparative aspects of healing to emerge" (p. 181). Zappacosta (2013) believed that sandtray therapy can offer the possibility of healing from the damaging effects of CSA on both psychological and physical levels. Children who experience unspeakable violence toward the body and psyche can struggle to address their experience solely with verbal therapy (Zappacosta, 2013).

Dance-Movement Therapy

Dance-movement therapy has also been found to be effective with ASCSA. The experience of the body moving in space develops an awareness of kinesthetic sensations, facilitating integration with emotional expression, and a connection of inner states with the outer world of others. The process of grounding in the present through dance can anchor the client in recovering traumatic memories (Valentine, 2007).

A qualitative study by Mills and Daniluk (2002) that explored the experiences of dance therapy for women who had been sexually abused found the following themes: reconnection to their bodies, permission to play, sense of spontaneity, sense of struggle, and a sense of freedom. This study identified that verbal processing was optional in dance therapy and this was important because (a) it was welcomed reprieve from talk-based therapy, (b) clients were tired of talking about the pain and were wanting another way to process it, and (c) talking was seen as a pitfall because it kept women in their heads and allowed them to not be aware of feelings or experiences (Mills & Daniluk, 2002).

Ho (2015) also explored dance/movement therapy programs for ASCSA. The program focused on the development of a sense of security, setting appropriate boundaries, and introducing concepts of place and space. In this study, 25 Chinese female ASCSA participated in five 2-hour sessions conducted weekly. The qualitative results included themes of finding their inner rhythm and space, developing greater awareness of personal boundaries, enhanced understanding of relationships, and hopes for a better future. The quantitative results showed small effect sizes on the general health questionnaire, the Rosenberg self-esteem scale, and the over-attachment subscale.

Other Mind-Body Oriented Therapies

As discussed, ASCSA can have difficulties with affect and impulse regulation, which can significantly impact survivors' tolerance for traditional treatment modalities (e.g., cognitive and exposure therapies; Rhodes et al., 2016). This is evidenced by high rates of dropout from treatment, PTSD exacerbation during treatment, and worsening symptoms after treatment (McDonagh et al., 2005). To heal from PTSD and related mental health problems, the extinction of the conditioned fear response is essential. This means that survivors need to learn to stay oriented in the present moment and manage powerful emotions and impulsive reactions that arise with trauma reminders (Jaycox & Foa, 1996).

Mind-body-oriented therapies, such a yoga, improve self-regulation and the ability to stay present (Telles et al., 2012). Such somatically focused therapies help clients connect their mind and body experiences (Panksepp & Biven, 2012). Emotions are linked to the body; therefore, when a client freezes into a negative affective state, the counselor can encourage movement and body repositioning that may allow the mind to shift into a different emotional state (Panksepp & Biven, 2012). Yoga is an effective activity for decreasing PTSD symptoms (Rhodes et al., 2016; Telles et al., 2012). Specific to ASCSA, one study by Earley et al. (2014) involved ASCSA engaging in meditation, yoga, stretching, and enhanced body awareness. The treatment was found to be effective in reducing emotional distress over the long term. Other studies have also recommended the benefits of using mindfulness to decrease PTSD symptoms and help with stress reduction among individuals with a history of complex trauma (Cloitre et al., 2012; Kelly & Garland, 2016). Together, this research demonstrates that therapeutic work engaging the mind and body may be more effective for ASCSA.

Research on Other, Nonexpressive Interventions for Adult Survivors of Childhood Sexual Abuse

While expressive therapies have been documented to be effective when working with ASCSA (though more research could be done in this area), it is also important for counselors to understand the current literature on nonexpressive therapies for ASCSA to provide further context. ASCSA must seek and receive psychological treatment, even if this treatment is not in the form of expressive therapy. Many interventions are currently used with ASCSA to facilitate therapeutic healing, and these are described in detail below: emotion-based interventions, cognition-based interventions, and background-based interventions.

Emotion-Based Interventions

This category includes person-centered, Gestalt, and existential therapies. The focus is on the here and now, and the relationship is crucial in therapeutic change. These theories place importance on feelings, and change occurs through awareness of feelings that then results in changes of thinking and behavior. There seems to be limited research on the efficacy of this mode of therapy with ASCSA. One example is a case study that showed the improvement of one ASCSA client in existential holistic therapy (Ventegodt et al., 2006) and another is a conceptual piece on how existential therapy emphasizes presence, authenticity, and awareness, which can be healing components for ASCSA (G. Fisher, 2005).

Cognition-Based Interventions

This category includes CBT and dialectical behavioral therapy. The foundation for these therapies is what people think is the root of their emotional and behavioral life. The counselor works to help the client become aware of irrational and faulty thinking and replace that thinking with more accurate thoughts. Resick et al. (2003) conducted a quantitative study that examined the effect of cognitive-behavioral treatments with ASCSA. CBT protocols were followed for 6

weeks. Their results indicated that both CBT and cognitive-processing therapy were effective for symptoms of PTSD, depression, and more complex symptoms observed with ASCSA. The participants reported significantly less dissociation, impaired self-reference, dysfunctional sexual behavior, and tension reduction behaviors. Still, this study had several limitations, including the lack of follow-up assessments to gauge the long-term effectiveness of this treatment. This is especially important due to the idea that CBT can be a superficial mode of therapy that does not typically benefit trauma survivors for a lasting amount of time (Resick et al., 2003).

Background-Based Interventions

Childhood development is of critical importance in psychodynamic approaches because later personality problems come from childhood experiences. The traditional and later approaches of this theory are typically based on a complex understanding of the personality. The counselor and client try to understand what defines their human experience and identify the structures of the personality (Halbur & Halbur, 2006). Price et al. (2004) conducted a study of individual, short-term, psychodynamic psychotherapy with ASCSA. Their findings showed that survivors benefited from this mode of therapy because of the significant improvement in symptomatic distress and level of functioning and dynamic personality variables according to self-report and clinical rating scales. The authors concluded that psychodynamic psychotherapy may be an effective therapy for depressive symptoms and interpersonal difficulties among ASCSA. However, a major limitation of this study was that the researchers did not gather information about the context of the sexual abuse, such as perpetrator identity or length of abuse, which may have had an impact on participants' descriptions of their abuse. The study also did not gather follow-up assessments of the efficacy of the modality.

Overall, ASCSA benefit from receiving psychological treatment, even if the treatment is not a form of expressive therapy. This is in line with common factors research suggesting that all forms of therapy are essentially similarly effective (Rosenzweig, 1936). A meta-analysis by Ehring et al. (2014) found that psychological interventions for PTSD (including trauma-based CBT, EMDR, emotion-focused, etc.) with ASCSA were all efficacious. The trauma-focused interventions showed the greatest effect sizes. This may speak to the importance of engaging in therapy to address trauma and the power of common factors for ASCSA. Regardless of treatment modality, there is a documented need for more research on how best to treat ASCSA, and it is evident that treatment research for ASCSA is lagging behind general PTSD treatment research (Ehring et al., 2014). This study will add to the literature informing best practices for counselors working with ASCSA.

Understanding Both Perspectives: Focusing on Counselor-Client Dyad

In examining the existing literature related to ASCSA and expressive therapies, it is clear that more research is necessary to better inform counselors' work with this vulnerable population, and, in particular, more research gathering both client and counselor perspectives. Martsolf and Draucker's (2005) extensive literature review of research studies that evaluated abuse-focused psychotherapy techniques for ASCSA established that most studies have not obtained both the clinician's and the client's perspectives on therapeutic work. Moreover, as recently as 2013, Spermon et al. could not identify any studies comparing client and counselor perspectives related to recovery from trauma. The authors hypothesized that this is due to the complexity of the issue:

> Patient recovery experiences are fundamentally subjective, and this does not lend itself readily to prevailing deductive paradigms emphasizing discrete and well-defined variables. A result has been to generally ignore these data and, by default, understand experiences of healing as being the same for patients as it is for therapists. (p. 49)

Although there are few, if any, studies utilizing both client and counselor perspectives regarding the therapeutic process in trauma recovery, this is not due to its lack of importance, but rather to its difficulty. Researchers recognize that without both perspectives, crucial knowledge is missing. For example, Gurman et al. (1986) asserted that the basic rationale for gathering both perspectives within the therapeutic relationship is because there is no one reality, but rather multiple realities that contain unique perceptions and views of the therapy. Spermon et al. (2013) added that the main concern of only seeking the clinician's perspective on a client's recovery from trauma is that recovery becomes simplistically defined by a reduction in symptoms.

Qualitative research, as actualized in this study, provides the tools needed to gather both the client and counselor perspectives in a comprehensive, detailed way that gives a fuller picture of the complicated experience of therapeutic work following trauma. Moon et al. (1990), when discussing the applications of qualitative research to therapy (specifically, family therapy), noted:

> Qualitative methods provide an avenue for examining the experience of family therapy from the perspective of the client rather than from the more typical research perspectives of the therapist. . . . Research is especially *messy* in a field like family therapy which is concerned with complex, systemic change in human beings. Qualitative research designs may provide a systematic, scientific way of looking at therapy holistically, with all of its *messiness* intact. (p. 364)

The existing framework has been historically focused on the clinician's perspective but movement towards including the client's perspective has also occurred.

In another study of therapeutic outcomes of ASCSA clients, Edmond et al. (2004) agreed that "much can be gained from listening directly to the voices of [ASCSA] clients" and that

qualitative methods can offer "insights unattainable through quantitative methods" (p. 270). This case study will add to the movement to include the client's voice in research by presenting both the client and counselor perspectives on shared therapeutic work. In doing so, this case study will shed an illuminating light on questions that remain surrounding the complex personal experiences of ASCSA in therapy, and even more distinctly, in expressive therapy.

Conclusion

As described in Chapter II, the literature supports the need for further research into the experiences of counselors and ASCSA clients related to expressive therapies. While previous qualitative studies have explored either the perspective of counselors *or* ASCSA clients on their therapeutic work, few studies have examined both participants' perspectives regarding expressive therapy. Both perspectives are needed to better inform best practices for counselors wanting to use expressive therapies to provide effective treatment for ASCSA clients. Moreover, no previous studies on this topic have used sandtray to elicit qualitative data. Chapter III further describes the means of gathering data and the methodology of this study.

CHAPTER III

METHODOLOGY

The review of the literature on the subject of ASCSA and the use of expressive therapies provided the foundation for discussion of this study's methodology. It is evident that CSA has affected a considerable number of people, and for adult survivors to process the trauma and integrate their traumatic experiences, it is beneficial to include the body as one part of the therapeutic process. This allows for a more holistic approach that incorporates multiple aspects of a person, not just their emotions and cognitions. Given the scarcity of relevant literature, researching the experiences in expressive therapy of one ASCSA client and their counselor contributes to the current understanding of treatment options for ASCSA.

In this chapter, I describe the epistemology and theoretical foundation for this study. I also outline the procedures for recruitment, data collection, and data analysis. A case-study methodology has been chosen to better understand the perspectives of the participating counselor and client within the bounds of their therapeutic relationship. To ensure consistency, the procedures were chosen based on the case-study method.

Qualitative Research

Research Questions and Supporting Research Design

The four guiding research questions for this study were:

Q1 What is the experience of an ASCSA in expressive therapy?

Q2 What is the experience of a counselor working with an ASCSA using expressive therapy?

Q3 What is the experience of the counseling relationship for a counselor using expressive therapy with an ASCSA?

Q4 What is the experience of the counseling relationship for a client with their counselor using expressive therapy?

A single-case study approach was best to examine the research questions for several key reasons. Overall, there is a paucity of research on the use of expressive therapy with ASCSA clients. Where minimal research exists, qualitative research is the recommended methodology to understand the phenomenon more comprehensively before conducting quantitative research (Merriam, 2009). Moreover, as previously described, there is a lack of research that simultaneously explores the experiences and perceptions of survivors *and* their counselors in the healing process. Case study lends itself to collecting data from both perspectives within the bounded system. Lastly, by using qualitative research, I was able to more comprehensively give direct voice to ASCSA. As opposed to a quantitative research study in which participants complete an anonymous survey, this qualitative study empowered the client participant to explore and express their personal experiences. I believe that conducting a quantitative research study would have required me to make too many assumptions about the experience of ASCSA in expressive therapy that are not yet supported by the literature.

Epistemology

According to Maynard (1994), "epistemology is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate" (p. 10). The epistemological lens applied to this study is critical inquiry. Critical inquiry is used to explore dominative relationships and illuminate the relationship between power and culture (Crotty, 1998) while viewing culture with a suspicious lens. The purpose of the critical perspective is to change, emancipate, and empower

(Merriam, 2009). This was significant with ASCSA because often their experience is one of being silenced, marginalized, and stigmatized. Through the data collection process and the reporting of the results, I hoped to further shed light on the counselor-client relationship, which is inherently complicated by a power dynamic.

Researchers using critical inquiry also assume multiple realities exist, which are situated in political, social, and cultural contexts (Merriam, 2009). Among multiple realities lies one reality of privilege (Merriam, 2009). I believe that the counselor and the client I interviewed had unique perspectives regarding the same events (likely shaped by their experiences of privilege), and I strove to give space for these multiple realities.

One theorist in particular, Paulo Freire (1985), influenced critical inquiry with his work on pedagogy and oppression. Specifically, he discussed the term *culture of silence* that oppressed people experience (p.52). Freire believed that when people are oppressed, they are mute and have no voice. Oppressed persons internalize the image of the oppressor and adopt the oppressor's guidelines, which often is the experience of ASCSA. As children, survivors had no power and were under the influence of their perpetrators. These children were told covertly through the actions of their perpetrator (and sometimes overtly by threats) that their voice and physical discomfort did not matter and they should remain silent (Simonds, 1994). Singh et al. (2010) noted that to better understand experiences of trauma, it is beneficial to use an epistemology that moves beyond traditional ideas embedded in Western culture. Specifically, these authors focused on the voices of sexual abuse survivors to acknowledge the oppressive social systems and institutions that allowed the abuse to remain unnamed.

Freire (1985) went on to theorize that the oppressed are submerged in their situations and cannot be active if they remain submerged. Therefore, to emerge and be liberated from the

oppression, the person needs to engage in the struggle (Crotty, 1998). Freire (1985) believed this freedom occurs when the individual is active and responsible, and solutions are discovered *with* the people, not *for* the people. This theory ties in directly with the proposed case-study methodology, as it allowed participants to describe and interpret their experience--a potentially empowering act (Stake, 2005).

I especially kept power dynamics in mind as I interviewed the client participant, with the hope that the client participant could explore the culture of silence or oppression they may have experienced as a child. Although the ASCSA participant may not have specifically discussed their experiences as a child or as having experienced a culture of silence, I remained aware of this possibility as I guided the interviews. To be cognizant of the possible dynamics that occurred for survivors is important because, as much as possible, I wanted to avoid repeating patterns of silence or oppression as the researcher. Similarly, a culture of silence and oppression also motivated my commitment to giving participants the freedom to choose what they wanted to discuss during the interviews and in what way they wanted to deliver their perspectives--by sandtray, interview, or a combination of the two. It was important to me that I did not unintentionally fall into the role of the oppressor as a researcher, as I was inherently in a position of power. I will discuss more about this later, but this power dynamic is part of the reason that the interview protocol shifted from two individual interviews and one dyad interview to three dyad interviews. This was the request of both participants, and I agreed to the shift partly because of the power dynamic I held and wanting the participants to have a voice and say in the process.

Anthony and Jack (2009) wrote that qualitative case-study methodology can “give voice to the powerless and voiceless,” and critical inquiry is the foundation that acknowledges

oppression and privilege (p. 174). Together, the epistemology and methodology provided myself and the participants with the foundation to intentionally explore the participants' experience of expressive therapy within the bounds of their therapeutic relationship. By approaching this research through a critical inquiry lens, I hoped to reduce the power differential that can occur between researchers and participants as well as counselors and clients.

Theoretical Perspective

Constructivism

The theoretical perspective describes how reality is seen, assumed, or discovered in research (Crotty, 1998). The constructivist view posits multiple realities exist because reality is socially constructed (Mertens, 2005). Through this study, I recognized the complexity of the survivor's experience and that each participant would have their own perspective and reality. Specifically, in this study, the participating counselor and client experienced the therapeutic relationship in different ways and had different perspectives on the process of the therapy itself. Within this study, I looked to develop an understanding of the multiple meanings held by the participants in the context of the bounded case (Mertens, 2005). Furthermore, I assumed that the counselor and the client had developed a shared reality that had been created as part of their therapeutic relationship. I also tried to illuminate and understand the shared experience that was created.

Constructivism is rooted in a biological theory that acknowledges a biosocial interpretation of what is real, which means that all that is known is known through biological and social relationships (Cottone, 2001). In the seminal work of constructivism, Gergen (1985) wrote that reality is relational reality and that people experience their world through social-relational interpretation. I looked at the counseling relationship and the reality of each participant's

experience in this social-relational context. The goal of my research was to accurately present the perspectives of a counselor and the client regarding their mutual therapeutic process in the course of addressing CSA, with as little influence of my inherent biases as possible.

Humanism

A humanistic lens provided an additional theoretical foundation for this study. The key concepts of this theory concerning the field of counseling included change occurring through a therapeutic relationship, self-actualizing individuals, and individuals ultimately knowing what is best for them (Rogers, 1951). More specifically, humanistic counselors demonstrate empathy, lack of judgment, genuineness, and unconditional positive regard for the client. Many psychological theories promote these qualities, but a unique concept of humanism is the belief that the client's wisdom is greater and more important than the counselor's (Bohart, 2012). The primary impetus for change and growth comes from the client's *self-organizing wisdom* (Bohart, 2012, p. 5). This theory guided and its emphasis on the importance of the client-counselor relationship and trusting the client's wisdom and knowledge of their counseling experience guided my research. It also directed my role as the researcher and my emphasis on demonstrating the qualities of genuineness, being nonjudgmental, and empathetic throughout the interviews, analysis, and write-up of the results. Finally, the humanistic lens guided my trust in my participants' possession of inherent wisdom and knowledge that is more significant than my knowledge. Humanistic theory provided the underpinning of the case-study methodology used in this study.

Researcher Stance

The researcher's position must be presented for the reader to better understand how the researcher arrived at a particular interpretation of the data and to allow the reader the opportunity

to determine whether the researcher sufficiently bracketed their biases throughout the study (Creswell & Miller, 2000; Merriam, 2009). This reflexivity is the "process of reflecting critically on the self as a researcher, the 'human as instrument'" (Lincoln & Guba, 2000, p. 183). I needed to explain my biases, expectations, and assumptions related to this research so that the reader can gain a clearer understanding of how these may have influenced the study. This was a reflexive process, which means I continually reflected on my biases, expectations, and assumptions throughout the entirety of this research study. This occurred in a structured way, through documenting them at the beginning of this project (see below) and journaling after each interview and throughout the research process.

First, I had the assumption that *counselors need to be having continual discussions with each other and other experts about effective therapy for ASCSA.* This assumption was at the core of my other assumptions. I did not believe there was enough awareness or education about the large population that experiences this type of trauma. I believed that CSA is an epidemic that occurs in most, if not all, cultures, and it is not discussed to the degree necessary to match the impact of the abuse. I believed that working with CSA and ASCSA could be considered a clinical specialty, but the reality is that many counselors who do not specialize or seek additional training will work with clients who have experienced CSA. Often, disclosures of abuse occur after a therapeutic relationship is established, and it may not be in the client's best interest to transfer to a more specialized clinician. So, although those who seek additional training or become specialized may be better equipped to work with ASCSA, the reality is that many recently graduated counselors or those without additional training will provide treatment to ASCSA. I assumed that these counselors likely do not have the knowledge or skill to effectively work with ASCSA.

Children are often silenced or do not believe it is safe to tell an adult about their abuse, and I believed, as a culture, we are repeating this pattern by not recognizing the widespread nature and trauma of this abuse. I had the assumption that the lack of awareness culturally bleeds into the counseling profession. In my experience, counselors have more awareness of the widespread nature of CSA; yet, I have often heard from adult survivors that they told a friend or even a counselor as an adult and felt shamed and silenced by that person's response. The consequence of my bias might have been to unintentionally take the side or align with the client participant more than with the counselor participant. I may have had a subconsciously negative impression of the counselor and doubt their clinical skills without justification. I needed to be aware of this bias throughout the data collection and analysis process.

In terms of *my experiences with working with ASCSA,* the majority of my experience of the last 5 years has been in facilitating support groups for ASCSA, but I have also worked individually with clients who have a history of CSA. My professional experiences have shaped my perspective, which has formed my assumptions. If I was not aware of these assumptions, they could have impacted the data collection, data analysis, and results.

Specifically, I may have had a bias towards the survivor because of my professional work with survivors. Although not easily explained, since the beginning, I have felt I found where my heart lies professionally. I have felt connected to ASCSA and the work it takes to help clients process and heal from their trauma. This feeling of finding a professional *home* has led to my interest in researching the experiences of people with a history of CSA. Listening to stories from survivors about their ineffective or damaging therapeutic experiences, I have felt protective of ASCSA, and I wished to help create awareness and education around the needs of survivors. Throughout my work with ASCSA, I have been consistently inspired by their courage, fortitude,

and grace. I am honored and grateful that I have had the opportunity to work with survivors and to bear witness to their journeys. Again, this may have biased me as a researcher in that I may felt more empathetic towards the client participant as opposed to the counselor participant, which could have led to bias in what and how I analyzed and presented the data. I needed to monitor my internal response to each participant closely.

I believed that *expressive therapy is a way to help ASCSA heal from their trauma.* I have heard group members talk about how they have experienced healing through nonverbal methods. One example of this is a member talking about her time in equine (horse-assisted) therapy. She said that the insights she experienced from working with the horse for a day were monumental. She described using the horse to help her self-regulate during intense emotional experiences. The member said she was able to breathe along with the horse and trusted that the horse could hold her pain with her. Another example was a member saying she greatly benefited from creating art and writing in a journal. This member spoke about drawing and writing to understand aspects of her trauma that were different from the issues she talked through with her counselor.

I had the assumption that *ASCSA need help and cannot do the work alone*. Along with this assumption, I had the *belief that ASCSA are amazingly strong people*. Through my experiences with ASCSA, I have seen how survivors are incredibly strong, courageous, and resilient. I believed that they must seek professional therapeutic help from a highly trained therapist (and ideally, trained in expressive therapy) to fully heal. These deeply-held beliefs could appear to be in contradiction to one another.

I also assumed that *many counselors do not use nonverbal techniques.* This assumption was based on my work in community settings and from talking with peers. From my perspective, only counselors who completed a master's program that emphasized nonverbal techniques (e.g.,

art therapy, dance-movement therapy, or somatic therapy) use nonverbal therapeutic interventions. Other factors may also have contributed to why counselors appear less likely to use nonverbal techniques, including not seeking training in nonverbal techniques after graduating, a bias in the profession that nonverbal techniques are less effective, and the mental health field's focus on evidence-based practices. However, from my perspective, the nonverbal techniques I have heard about or used myself seemed very effective with ASCSA. As described in my literature review, research also supports that expressive, nonverbal therapies can be more effective than verbal techniques with certain populations. Thus, my assumption that nonverbal techniques are effective was not unfounded. Still, I needed to have an understanding that there are clients for whom verbal therapies are effective. I could not use this proposed research study as a platform to try to *spread the gospel* of expressive therapy. I wanted to accurately describe what was occurring for the counselor and the client using expressive therapies and not look at the experience through rose-colored glasses and to keep in mind that the participants may have experienced expressive therapy as ineffective.

On a personal level, my family has been impacted by CSA. I have witnessed the impact trauma can have throughout a person's life. This included secrecy and silence around the abuse, which may have further exacerbated the traumatic experiences. Before becoming a counselor, I believed that trauma was something that happened to other people. I have since realized that trauma, and specifically CSA, has happened within my family and to many of my friends. After running groups for survivors, I quickly realized these women are like most women in my life: courageous, overwhelmed, funny, self-aware, tired, etc. I had assumed that I was somehow removed from this group of people or that I would struggle to connect without having personally experienced CSA. In reality, I realized ASCSA could be anyone in my life, and I quickly

realized how much I could learn and grow from a person who has acknowledged the pain and the beauty that exists in this world. In beginning this research, I wanted to remember that not all ASCSA have been able to transform pain into beauty or make meaning of this experience. My assumption that all survivors have made meaning of their experiences, leading to a richer perspective on life, could lead me to look specifically for this positive outlook instead of truly listening to the experience of the survivor. I wanted to be able to understand and accurately convey the experience of the expressive therapy and the therapeutic relationship as it was, not as it could be.

Methodology

The case-study design has been utilized in a multitude of settings and fields of study, such as anthropology, history, sociology, psychology, and education (Merriam, 2009). The purpose of a case study is to develop a comprehensive, multilayered description and analysis of a bounded system (Merriam, 2009; Yin, 2003). This type of design is beneficial when the purpose of the research is to describe the holistic and meaningful aspects of real-life events. The case study has a distinct advantage when a researcher is exploring the how or why of a contemporary set of events they have little or no control over (Yin, 2003). As emphasized by Walshe et al. (2005), advantages of case-study designs emerge in situations where there is complexity, the real-world context of the service is central, multiple perspectives are required, there is no obvious suitable theory, research needs to be congruent with clinical practice, and other methods present practical difficulties.

The main component of a case study are clear boundaries for data collection and therefore, participant selection must be based on specific criteria (Yin, 2003). Yin (2003) specifically noted that relationships can lie within these clear boundaries and be the focus of a

case-study design. In this study, the relationship that was examined was the one between the client and the counselor; thus, the bounded system in this study was one counseling relationship, with the counselor being a licensed professional counselor who used expressive therapy and the client self-identifying as an ASCSA. Because I wanted the bounded system to yield rich data, I believed that the therapeutic relationship must have been in existence for a minimum of 6 months, and preferably, fora 1 year or longer. It is documented a positive relationship exists between the length of therapy and the outcome of treatment for ASCSA (Price et al., 2001). The longer the relationship, the more experiences the client and counselor will have had together, and, therefore, more memories to pull from when reflecting on their experience with expressive therapy. This may have helped with gathering more rich data.

For multiple reasons, I chose to interview only one client-counselor pair, and thus proceeded with a single-case study design. In a multiple-case study design, the researcher studies multiple cases to understand the differences and the similarities between the cases (Baxter & Jack, 2008; Stake, 2005). However, I believed the most important aspect of this study, guided by my research questions, was to describe one case in such detail that "the context could be understandable to the reader" and could "produce theory in relationship to that context" (Dyer & Wilkins, 1991; as cited in Gustafsson, 2017, p. 4). Of course, as Dyer and Wilkins (1991) wrote, it is not a guarantee that "rich theoretical insights" will result from studying one case in detail. Regardless, since every therapeutic relationship is arguably unique, I believed that there was a benefit to the literature in richly and thoroughly describing one counseling relationship in the context of ASCSA. The literature related to research theory acknowledges that a single-case study design results in a more careful and in-depth study of a unique case (Gustafsson, 2017).

It is also important to note that researchers who used a case-study approach could use multiple sources of data, such as participant observation, interviews, and documents. In this study, the multiple sources of data included interviews, sandtray, and journals. I used an embedded design with data analysis that included the individual (e.g., counselor or client) and the relationship (the pair together).

Finally, an essential component of the case-study design that I wanted to emphasize is empathy (Stake, 2005). Stake believed that the researcher must take on an empathic (i.e., emic) perspective, meaning that I reflected upon the participants' thoughts and feelings and documented my understanding of their perspectives. The concept of empathy was especially relevant to this case study because of the intimate and possibly painful content that could emerge. Throughout this process, I was committed to maintaining genuine respect for the participants as I strove to understand and richly convey their experiences.

Trustworthiness and Rigor

I made every effort to prioritize trustworthiness and rigor throughout the research process. Qualitative research is "trustworthy to the extent that there has been some rigor in carrying out the study" (Merriam, 2009, p. 209). Trustworthiness also means to what extent others can trust the conclusions I have drawn during the research process and throughout data analysis (Lauckner et al., 2012). The extent to which a reader can trust the results of this study stem from attending to the following concepts: (a) credibility, the extent to which the findings accurately describe and capture the phenomenon being studied; (b) dependability, the quality and accuracy of the data collection and the data analysis; (c) confirmability, the process of collecting data and coming to conclusions is transparent and can be followed by another person; and (d)

transferability, the likelihood that the findings have significance in other similar situations (Krefting, 1991; Streubert & Carpenter, 1999).

I took specific steps to enhance the trustworthiness of my study and target these four important concepts. Most importantly, I richly and comprehensively described my research process and, especially, my process of reaching conclusions, which supported credibility, dependability, confirmability, and transferability.

Credibility

Specifically, related to credibility, I obtained data from multiple methods. I conducted lengthy interviews (around 90 minutes for each) with the participants as well as had participants create a sandtray as an additional aspect of the interview. Participants were also asked to record a journal to submit after each sandtray for further data collection. I also made sure to have *prolonged engagement* with participants, meaning "conducting a study for a sufficient period of time to obtain an adequate representation of the 'voice' under study" (Onwuegbuzie & Leech, 2007, p. 239).

Dependability

To support dependability, I transcribed each interview and read through each transcription multiple times before beginning the process of identifying themes. I also used the data software NVivo (QSR International) to assist me with identifying themes. Moreover, following a previously determined list of questions (Appendix A), I recorded my reactions to the interviews in a research journal as a tool to reflect on my role and biases. My research journal also included my thoughts and reactions throughout every step of the research process in an attempt to bracket my biases. Finally, two external auditors reviewed all the transcripts and the audit trail and read my research journal to assess for accuracy of coding and identify possible

biases. These steps assisted in ensuring the quality and accuracy of data collection and analysis within this study.

Role of Auditors and Research Consultant

The external auditors provided an extensive audit of the data collected and my researcher journals. The purpose of the audit was to assess for any of my biases and to check that the themes I created were accurate to the data collected. I choose two auditors for thoroughness and in case of any discrepancy found in the data. These auditors both have taken many qualitative research courses at the Ph.D. level and have conducted qualitative research. The auditors were given my researcher journals, the transcripts of the three interviews, and the themes developed from the interviews. After reading the data, both auditors concluded that my reactions and biases had not impacted the data in a significant way. One auditor gave feedback about combining more of the themes, as she perceived overlap, which will be discussed further in Chapter IV.

I also had five meetings with a research consultant throughout this project. Like the auditors, the research consultant has an extensive background in qualitative research. Specifically, she has conducted qualitative research and been a research consultant for over 5 years. These meetings consisted of checking in around procedures, support, and accountability for theme development and brainstorming on the presentation of the data.

Confirmability

Towards confirmability, I performed member checks to ensure participants believed that their experiences were accurately reflected in my written results (Moustakas, 1994). The participants had the opportunity to read the transcript of each of their interviews to clarify or change any discrepancies. They also received the tentative themes that I drew from the data and, again, were able to clarify or change discrepancies. The counselor participant gave feedback to

enhance clarity of what was said during the interview. The counselor participant also asked for some identifying details related to types of therapy to be removed to maintain confidentiality. Finally, the counselor participant confirmed the accuracy of the themes and suggested the addition of the theme of safety, which I then added and will discuss in more detail in Chapter IV. I also described the metaphor that I used in Chapter V, which both participants agreed captured their experiences. In an audit trail, I described my initial impressions of themes in detail and the process by which I narrowed the themes so that my entire research process was transparent (Kvale, 1995).

Transferability

Finally, towards transferability, as recommended by Merriam (2009) and Kvale (1995), I described in as much detail as possible without revealing identifying information, the relevant characteristics of the client, the counselor, the therapeutic relationship, and the expressive therapy process so that readers could determine for themselves how to understand and apply the results. Although it was inevitable that my biases would influence the research process and the interpretation of the data, I believed that by being as thorough as possible in explaining my decisions and by being as transparent as possible regarding my perspective, the readers of this study would be able to make informed decisions about the meaning of my conclusions.

Participants

As previously described, in this bounded-case study, I selected one client and one counselor pair as participants, resulting in a sample of two participants. I employed a criterion-based process to recruit these participants. Criterion-based sampling involves creating "a list of the attributes essential" to find participants who could speak to the phenomenon being studied (LeCompte et al., 1993, p. 69). I wanted to find participants who could contribute rich and

relevant, in-depth information about the experience of expressive therapy for the treatment of CSA.

The client participant met the following criteria: (a) *Self-identify as an ASCSA.* This criterion included any person who identified as having experienced CSA before the age of 18. (b) *Over the age of 18.* This criterion was included because the research focused on *adults* who have experienced sexual abuse as children. (c) *Described self as having skills to self-soothe and cope when discussing emotionally laden material.*

The selected counselor participant met the following criteria in addition to being the counselor to the selected client: (a) *A counselor who described using expressive therapy.* The definition of expressive therapy was "the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care" (Malchiodi, 2005, p. 2). These therapies do not rely exclusively on verbal communication, so they can offer more ample invitations to those with compromised language skills and/or those adults who for whatever reason feel unwilling or unable to engage verbally (Goodyear-Brown, 2011). As discussed in Chapter II, there is a wide discrepancy in definitions of what constitutes an *expressive therapist*. Some leaders in the field see expressive therapists as counselors who encourage creativity (Carson & Becker, 2004), while others believe that a flirtation with [art] materials is not enough (Agell, 1982; Malchiodi, 2005). For this study, both the counselor and the client must have reported that engagement in an expressive technique (e.g., sandtray or drawing) occurred for at least 30 minutes of a 50-minute session for the majority of sessions, the intake session excluded. This guideline was primarily based on conversations about professional practices with professional contacts who identified as expressive therapists in the field. (b) *A licensed professional counselor who had some advanced*

training in an expressive therapy modality. This criterion was purposely left broad due to the limited number of counselors who identify as using expressive therapy. The advanced training may have included a university-based course for credit or continuing education. Because it was important to me that the counselor feels comfortable in their professional identity as an expressive therapist, the counselor must have reported practicing expressive therapy for at least 2 years.

The criteria for the client-counselor participant relationship were the following: (a) *An ASCSA and expressive therapist who have been in a therapeutic relationship for at least 6 months.* As I previously discussed, for the study to yield rich, descriptive data, I believed that the therapeutic relationship should be of 6 months duration at minimum. In other words, I believed the more sessions the pair have had together, the more information I could gather. The current literature provides no definitive answer as to the length of individual treatment needed for ASCSA to establish a working therapeutic alliance and see improvement. For example, a meta-analysis of available studies on group therapy for ASCSA determined that the research available could not prove whether the length of treatment made any difference in outcomes (De Jong & Gorey, 1996). However, clues in prior research helped to establish the best protocol for the proposed study. A substance abuse and mental health services publication on mental health treatment practices for adult survivors of child abuse and neglect emphasized difficulties in forming attachment:

> For victims of abuse, problems in forming attachments are often paramount. The abuse has led to feelings of distrust, betrayal, and abandonment and has caused a disconnection from other human beings. . . . The process of reattaching--or attaching for the first time--to other individuals, to a community, or to a spiritual power may take a long time, but it does have great therapeutic value. (Center for Substance Abuse Treatment, 2000, para. 35)

The treatment guide did not give any indication of how long the client should take to form an attachment with the therapist, but it seemed valuable to ensure that the client had seen the counselor for at least 6 months to establish a working therapeutic alliance. Most importantly, the empirical studies provided in the literature review section typically involved treatment protocols that were between 20 and 30 sessions, or approximately 5 to 7 months. In many studies of ASCSA, 16 sessions or 4 months of therapy is considered brief therapy. If 6 months was the average length of treatment to see an effect, as established by empirical research, then it followed to establish 6 months as a benchmark in this study. (b) *Both the client and counselor were willing participants.* I ensured proper informed consent procedures were followed.

Recruitment

I recruited the participants through multiple means. I sent emails to counselors who participate in a local organization that supports ASCSA. The contact information was available via a LISTSERV to which I am a member. My goal was to recruit the counselor first, who would then recommend a client who they believed fit the criteria. Once I had a possible pair, I assessed if the counselor and client pair was appropriate for participation based on my inclusion criteria. The reason that I wanted to recruit the counselor first is that I believed that it would be the most direct and least intrusive means of accessing the population of ASCSA.

I also tried to recruit the counselor participant through my professional network of counselors. Specifically, I used snowball sampling, because it could be an effective way to find participants who met the criteria (Merriam, 2009). I asked professional contacts to recommend counselors who they thought met the criteria for participation. In this way, I was able to identify a counselor whom I did not know personally. It was through this snowball technique that I found a counselor interested in participating in the interviews. I discussed with that counselor the client

requirements for participation and the general interview procedures. The counselor then asked their client if they would be willing to participate.

It was important for the counselor to noncoercively approach their ASCSA client regarding participation in this study, with an awareness of the existing inherent power differential. The counselor also received a script (Appendix B) of what to tell the client to help ensure that the counselor's language remained as noncoercive as possible. The counselor's client voiced interest to the counselor, at which time I spoke to the client and counselor together to discuss informed consent and schedule the first interview. I am aware that doing this may have self-selected a client who had relatively positive experiences in therapy, especially because the counselor was responsible for recommending the client to be interviewed. It seemed unlikely that a counselor would recommend a client who had a negative therapeutic experience. This was an important aspect of my study that I included in my description of the participants, discussion of the results, and summary of limitations.

More specifically, during the first contact with both the client and counselor, I went through the informed consent to see if they were interested and let them know their rights as a research participant. I told the client and counselor that they have the right to decline to participate at any point in the process. I understand that many times ASCSA have difficulty saying "no" to authority because of the trauma they experienced as children, and I brought this into the conversation. I said:

> It can be hard to say "no" when someone with power recommends something, like participating in this research study, for example. I want to emphasize that there will be no repercussions from me or from your counselor for saying "no" to participating.

Although I could not ensure that the interactions between the counselor and the client would remain free of coercion, part of my initial assessment of the counselor was to personally assess the counselor's willingness to empower and respect the client.

I also assessed the client's appropriateness for the study. This included assessing if the client was able to give informed consent and had an interest in participating. I preliminarily determined that the client was not a safety risk and possessed self-described coping skills. I emailed the client a written description of the study. Following this, once the client chose to participate, I reviewed the informed consent again in person before beginning the first interview.

Data Collection

Interviews

Semi-structured interviews are usually the primary source of data collection in qualitative studies, such as case studies (Moustakas, 1994). Originally, I planned to interview the pair together during one interview and then individually interview the client and counselor on separate days. I also planned that, during the individual interviews, both participants would be present. The counselor would observe the interview I conducted with the client and the client would observe the interview I conducted with the counselor. However, the participant and client asked to do all three interviews together. They did not want an individual interview (even with the other observing). The counselor participant did not want to speak about the therapeutic relationship or expressive work without input from the client. The client participant preferred to have the support and voice of the counselor during all three interviews. As I previously mentioned, it was important for me to be aware of power dynamics and give as much power to the participants as possible, therefore, I changed the protocol based on their requests. This decision was also guided by the humanism lens that I trust people know what is best for them

and how to move towards growth. I trusted that the participants knew what was best for them in this process.

The consent forms (per institutional review board regulations) are stored on the UNC campus in my research advisor's office. I used Moustakas' (1994) recommendations for interviewing. First, I oriented the participants to the experience being studied (expressive therapy), and then guided the participant to describe their experience. In the interview, "moments of particular awareness and impact" emerged, and I asked the participant "to describe the experience fully" (Moustakas, 1994, p. 114). To have a full textural description, I focused on participants' thoughts, emotions, and ideas related to their participation in expressive therapy. The interview protocols can be found in Appendices C, D, and E. In qualitative research, the researcher is considered a primary instrument for data collection. I used myself (i.e., my intuition, background knowledge, clinical work, interview and relationship building skills, etc.) to decide appropriate follow-up questions throughout the interview.

To address trustworthiness with interviews, I established an interview protocol that was discussed with my research advisor and dissertation committee to ensure intentionality and relevance of the interview questions. The interview questions have been piloted with an ASCSA volunteer who has experienced counseling. I made changes to the interview questions based on the feedback I received from the volunteer. Although there is no way to guarantee the honesty and transparency of the participants, I hoped to establish a safe environment in which participants felt they have the control to discuss their genuine experiences without sharing anything they prefer not to disclose. The first interview included thoroughly reviewing the informed consent with the participant and letting them know their rights. Specifically, I said:

> Your personal therapy can be difficult to talk about. If at any time you feel uncomfortable, please let me know, and I would be happy to pause or slow down the pace of the interview. Additionally, I encourage you to honor your own emotions and boundaries, and feel free to stop the interview at any time.

I received approval from the institutional review board (4420) of UNC before beginning this study (see Appendix F).

Sandtray

Sandtray was included as an additional data point, and thus at the conclusion of the first and third interviews, participants were asked to create a sandtray. During the second interview, participants chose an object out of the counselor participant's nature basket to represent their experiences. The following prompt was used, "After reflecting on your experience with expressive therapy, please create a scene in the sand using any of these sandtray figures." I then took a photo of the sandtrays and objects on a digital camera that I uploaded onto my secure computer. The photos were then deleted from the nonsecure device (e.g., phone or digital camera).

For clarification, sandtray is the generic term used to describe when clients use various miniature figures to create a scene in a box filled with sand (Bradway, 1996). Previous experience is not needed to engage in sandtray, and it can be used with diverse populations (Homeyer & Sweeney, 2016). Zappacosta (2013) believed that because creating a sandtray is both nonverbal and nondirective, it offers a safe therapeutic space that reaches a preverbal, nonrational level of the psyche. Including sandtray allowed the participants to share their experiences in a nonverbal format. As with the rationale for expressive therapy, by having a verbal and nonverbal component, different information may be elucidated from each element. It seemed important to not solely depend on a verbal interview to gather information about the participant's experiences of a nonverbal therapy. Moreover, the literature review in Chapter II

supports the understanding that much of trauma is stored in nonverbal areas of the brain. Therefore, when asking the client about their therapeutic experience related to CSA, it could be beneficial and necessary to also allow them to describe/process the experience in a nonverbal way.

A picture was taken of each sandtray and object and sent to the participants immediately after the interview. The participants were asked to record a journal within 24 hours of making a sandtray about their sandtray experience and/or reflections when looking at the picture. The journals are one element of data collected from the sandtray experience. The counselor wrote all three journals and the client wrote a journal after one of the interviews. The client did not complete all three journals because of busyness and "procrastination." I responded to the client participant about journaling; that if possible it would be helpful for the journals to be written and that the client could choose what was realistic given the client's time and current life circumstances. Participants were asked to make their own meaning of the sandtray during the interview and again when they recorded a journal. The actual sandtray or the picture of the sandtray was not a part of the data analysis; only the participants' journals or verbal accounts of the sandtray were used in the data analysis.

Data Handling

Interviews were recorded using a digital recording device that was password protected. After recording, the interviews were uploaded onto my computer, which is also password protected. During transcription, all identifying information was removed to protect the participants' privacy, and only the participants' self-chosen pseudonyms are associated with their interviews. I transcribed the interviews myself to become as intimate with the interviews as

possible, which furthered my engagement with the data. Once the interviews were transcribed, the recordings were deleted to further protect anonymity for the participants.

I used the strategies outlined by Poland (1995) with regards to recording equipment and the steps to take before, during, and after the interviews. Specifically, I took the following steps: (a) utilized new and up-to-date recording equipment (digital recorder, computer, iPhone and/or iPad); (b) employed computer programs (Express Scribe and Dragon Dictation) to expedite the process; (c) choose quiet places to conduct interviews, speaking clearly; and (d) transcribed transcripts as soon as possible after the interview to maximize recall (Poland, 1995). As previously stated, once the interviews were transcribed, I provided participants with the verbatim transcript of their interviews. This allowed the participants the opportunity to identify any inaccuracies, and the counselor participant did have a few corrections and additional data that I incorporated.

Data Analysis

Moustakas (1994) presented an analysis method that I used to analyze the data collected. I uploaded all three transcripts onto my computer using the data software NVivo. Interviews and journal entries about the sandtray were included in the data analysis. The first step in data analysis was to analyze my researcher stance. I examined my researcher journals (Appendix D), researcher stance, and my answers to the interview questions in regards to the experiences of expressive therapy. To analyze the interviews and journals, I performed the following steps:

1. Read each statement and decided if it describes an experience with expressive therapy.

2. Coded each statement that described the experience of expressive or relationship under *description*.

3. Reviewed the list of all quotes that I coded into the description heading and through a constant comparative method (Leech & Onwuegbuzie, 2011), created a list of nodes with descriptive names (e.g., feelings of grief).

4. Synthesized the themes, and individual meaning components into a textural description of their experience, including specific examples (e.g., quotes).

5. Reflected on the experience using imaginative variation to elucidate a structural description of the experience.

6. Combined the products of Steps 4 and 5 to create a textural-structural description that captured the essence and meaning of the experience.

I analyzed this process for each of the interview transcripts. After this process, I presented the combined textural-structural description to both participants. This assessed whether my understanding was accurate to the participant's experience of the expressive therapy and the counseling relationship. The participant feedback I received was incorporated to generate the results of the study, which are presented in Chapter IV.

Many, if not all, of the themes from the data inter-relate and connect, which made it challenging to make decisions on what constituted a "theme" from my analysis. I received feedback from one of my auditors on the overlap of themes and my research advisor wondered on how I arrived at a distinct theme. To be transparent about this process, I combined themes during my initial coding when there was nothing distinct or unique about the themes. I kept themes separate when the data showed the theme had something specific or unique to it even though it also had common or connected qualities to some of the other themes. Part of this analysis involved my research consultant and auditors checking my work and supporting my decisions of the themes that I combined and the themes that had unique qualities.

Summary

In this chapter, I explained the relevance of the chosen research paradigm, methodology, epistemology, and theoretical foundation for this case study (i.e., qualitative, phenomenology, critical inquiry, and constructivist). I addressed trustworthiness and rigor and included a presentation of my researcher stance. Finally, I described the procedures for recruitment, data collection, and data analysis. In Chapter IV, I describe the results of the interviews.

CHAPTER IV

FINDINGS

In this chapter, I introduce the study participants and the themes that emerged from the data. First, I present the participants' demographics and their therapeutic work together. The presentation of the themes will include a visual chart to help orient readers to the research questions and the themes that arose from the research questions. This will include definitions of the themes and direct quotes to give a more descriptive picture of the participant's experiences. Specifically, the themes will describe the participants' experiences of using expressive therapy for RQ1 and RQ2. The themes also describe the participants' experiences of their therapeutic relationship for research questions three and four. Finally, I will expand the steps I took for creditability, which include my reactions, the participants, and the interviews.

Participants

This case study involved one counselor and her client. The community of expressive therapy is small, so readers familiar with the expressive community could identify participants in this research. Therefore, to protect the identity of the counselor participant, her demographics are reported here in broad terms. The counselor participant identifies as a White, cisgender woman in her 40s. The client participant identifies as a White, trans, queer person in their 30s. As a reminder, both the client and counselor participated in three semi-structured interviews together. Further, at the end of the interviews, the participants created two sandtrays and one experiential of picking an object to represent their interview experience. They also both participated in the member checking that occurred throughout the process. The counselor participated in journal

prompts after three of the interviews and the client participated in one of the journal prompts after the first interview. All three journal prompts were given to both participants, the client did not respond to the last two. At the beginning of the data collection process, the client and counselor had been in a therapeutic relationship for 3 years. The participants chose their pseudonym, which will be used from this point forward. There was meaning behind their pseudonyms, which the client described:

> So, Lucy is one of the characters that ended up being royalty of Narnia and Tumnus is a fawn. And I like the idea of me taking the name of a fawn because it's so trans. But one of the things that has been helpful in the work that Lucy and I have been doing, that I never would've really thought about and I took a really long time to consider whether or not I was okay with, is that Lucy reads to me. It started out with like little kids' books, really sweet ones. Yeah, just like an activity that a parent would do with their kid, right? And I didn't really have much of that when I was a kid and so it's just been a really reparative experience and a really sweet way to connect.

Tumnus

Tumnus was the client participant who identified as a CSA survivor. Tumnus does not identify with a pronoun, so I use Tumnus in place of pronouns when possible throughout this document. At times, if I need to use a pronoun for readability of the document, Tumnus permitted me to use *they and their* pronouns. Also, Tumnus is trained as a counselor and works in the mental health field. Tumnus reported seeking out therapy during Tumnus's master's program and finding Lucy after working with a different counselor that was not a good fit for Tumnus. Tumnus was interested in working with Lucy because of their shared therapeutic perspective and because Lucy was certified as an EMDR counselor. Tumnus was hopeful to engage in some trauma work and wanted a counselor with that capability.

Lucy

Lucy was the counselor participant. Lucy is a licensed professional counselor and identified as using expressive therapy with Tumnus. Lucy has been practicing as a counselor

since 2013 and described having additional education in different forms of expressive therapy. More specifically, Lucy received her master's in counseling with an emphasis on expressive therapy, after which she participated in multiple trainings that furthered her knowledge of expressive forms of therapy, including body-centered therapy and EMDR. Some of the specific expressive techniques include outdoor sessions, imagery, sandtray, collage (creating parts cards), drawing, painting, coloring books, clay, shredding phone books (for anger work), letter writing, mirror work, altar-building, poetry (both writing and reading), reading children's stories, mandala creation, safe touch, empty chair work, taking over the voice of different parts, representing internal processes externally, and finding things in nature to represent emotions or experiences.

Lucy has been using different types of expressive therapy for over 10 years. She talked about doing expressive therapy with all her clients to the degree that their interest allows. Lucy said that using expressive therapy helps the therapeutic work stay fresh and creative for her, as well as supported her professional and personal growth. More specific to work with Tumnus, Lucy said expressive therapy has been especially effective with Tumnus since much of Tumnus's trauma did not have words and could not be easily spoken about. This is due to the developmental age Tumnus experienced the trauma, as well as how trauma is stored in the non-verbal regions of the brain. Lucy also said that much of the therapeutic work has been about Tumnus coming into the body, emotion, and soul, which has been easier to do outdoors and through art. Expressive therapy has also helped with the dissociative states and allows Tumnus a larger window to work with difficult material.

Their Work

As previously mentioned, Tumnus and Lucy had been working together for 3 years at the time of the interviews. They described some of the specific expressive therapy they have used: making art (collage or painting), smoothing the client's hair (similar to how a parent might pat or smooth their child's head for comfort), reading poetry, creating ceremonies (held a blessing at the river and burned things), cooking together, bringing food for potlucks, sunrise sessions, swinging at a playground, coloring books, mirror work (engaging with different parts of Tumnus), eating together at a diner on the way home from a wilderness trip, playing board games, celebrating the client's birthday, making handmade gifts for each other, sharing stuffed animals, wearing onesies, doing bovine therapy at a farm, lots of outdoor sessions, exploring rotten logs, watching insects, watching clouds or stars, backpacking, canoeing, writing messages in the sand, and collecting natural objects. One significant piece of art Tumnus has created that will be mentioned throughout the next two chapters is the *altered book*, which Tumnus named because Tumnus is altering a book via mixed media to create a new narrative for who Tumnus is and what Tumnus has experienced. Tumnus described the importance of being able to put down Tumnus's internal experience on paper. Tumnus and Lucy also go on wilderness trips together during which they canoe, hike, cook for each other, and explore. They discussed the importance of these trips on building their relationship and using expressive techniques throughout the trips.

Results

I read and coded the interviews and journal prompts according to the procedures described in Chapter III**.** As planned, the participants engaged in two sandtrays after two of the interviews, and after one of the interviews, both participants picked one object out of a nature basket to represent their therapeutic experience. Statements that the participants made about the

sandtrays and objects were included in the data and were analyzed along with the interviews. (Refer to Appendices G, H, and I for pictures of the sandtrays and objects.) As a reminder from Chapter III, the pictures themselves were not coded because the sandtray was used as an elicitation technique and only the statements about the sandtray were coded. I consider the sandtray itself the art that the participants created, and so only the participants can describe the meaning of their expression.

As a reminder of the data analysis process, I performed the following: read each statement and decided if it describes an experience with expressive therapy or the experience of the therapeutic relationship; coded each statement that describes the experience of expressive or relationship; reviewed the list of all quotes that I coded; created a list of nodes with descriptive names (e.g., feelings of grief); synthesized the themes, and individual meaning components into a textural description of their experience, including specific examples (e.g., quotes); and reflected on the experience using imaginative variation to elucidate a structural description of the experience. The structural description that emerged is a metaphor that will be thoroughly described in Chapter V. (Refer to Appendix J for a list of the original themes, and Appendices K, L, and M for the reduction and combination of the themes.)

As stated previously, I coded each statement that described any of the following concepts from my research questions: an experience in session using an expressive technique, experience of the counseling relationship, or experience of significance that does not describe expressive techniques or an aspect of the relationship, which I referred to as *other*. I then coded each statement that fell under the above headings. From there, over 60 themes emerged under the broad theme of the counseling relationship and over 50 themes under expressive techniques. There was an overlap of these themes across the relationship and expressive therapy. Over 20

themes for the experiences were coded as other (outside of the relationship or expressive). I continued to read and synthesize the themes that had emerged through a constant comparative method. I combined themes when possible and organized the themes for readability.

Themes

The next section includes the final themes with quotes that provide rich and thick descriptions of Tumnus' and Lucy's experiences. Themes were created based on any salient data that described either the experience of expressive therapy or the experience of the therapeutic relationship. Table 1 provides is a visual table to help orient readers with the layout of the themes. I have organized the information by research questions, which were the following:

Q1 What is the experience of an ASCSA in expressive therapy?

Q2 What is the experience of a counselor working with an ASCSA using expressive therapy?

While it was important to ask these research questions separately, as I analyzed the data, the themes that emerged from the data were descriptive of both the client's and counselor's experiences. Meaning Lucy and Tumnus reported similar experiences of expressive therapy and so I am going to present the themes together because no theme was unique to one of them for expressive therapy. Lucy and Tumnus also answered the questions together, the data was collected with them together, which could relate to cohesiveness of the themes. The answer to Q1 and Q2 that emerged was that the experience of expressive therapy created opportunities in therapy. Due to the nature of the therapeutic relationship, these opportunities were experienced by Tumnus, and Lucy also experienced these phenomena in her role as Tumnus's counselor. The opportunities that were created included awareness and connection to body, safe touch and comfort, crucial moments, flexibility, playfulness, and attachment to self. Attachment to self has

two subthemes: connection to experiences and connection to feelings. With another subtheme under connection to feelings of the specific feelings that arose for Tumnus.

Q3 What is the experience of the counseling relationship for a counselor using expressive therapy with an ASCSA?

Q4 What is the experience of the counseling relationship for a client with their counselor using expressive therapy?

The answer to my research question about the experiences of the relationship of both the counselor and client is that their relationship is complex. Similarly, to Q1 and Q2, while analyzing all the themes that occurred for both the client and counselor, there was not a theme that described only one participant's experience. The results for Q3 and Q4 are presented together because the experiences of the therapeutic relationship resonated for both the participants. The complex relationship is elucidated by the following themes: attunement, advocacy, authenticity, openness, vulnerability, understanding and care, encouragement, creativity, mutuality, love, mattering, feedback, and safety, trust, and corrective emotional experience.

Lastly, experiences outside of the therapeutic relationship impacted the relationship and work of Lucy and Tumnus. These experiences were not the same for Tumnus and Lucy. They both had unique experiences outside of the therapeutic relationship that impacted the work they did together. The themes that fell under outside influences are supervision, Tumnus as a therapist, and the interview. Supervision was an experience of Lucy's, Tumnus's experience of becoming a therapist was just Tumnus's experience, and the response to research participation brought up different themes for Lucy and Tumnus. These themes will be described later in this chapter.

Table 1

Giving Voice to Complex Trauma

Research Questions	Themes
EXPERIENCE OF EXPRESSIVE THERAPY	
Q1 What was the experience of an ASCSA in expressive therapy?	
Q2 What was the experience of a counselor working with an ASCSA using expressive therapy?	
Creating Opportunities	Awareness and Connection to Body Flexibility
	Crucial Moments
	Safe Touch and Comfort
	Playfulness
	Attachment to Self
	Connection to Experiences
	Connection to Feelings and Expressing Feelings
	The Feelings
EXPERIENCE OF COUNSELING	
Q3 What was the experience of the counseling relationship for a counselor using expressive therapy with an ASCSA	
Q4 What was the experience of the counseling relationship for a client with their counselor using expressive therapy?	
Complex Relationship	Attunement Advocacy
	Authenticity
	Willingness
	Vulnerability
	Understanding and Care
	Encouragement
	Creativity
	Mutuality
	Love
	Mattering
	Feedback
	Safety
	Trust
	Corrective Emotional Experience
Outside Experiences	Supervision Tumnus as a Therapist
	Interview

Complex Relationship

Here, I describe the themes from Q3 and Q4 because the therapeutic relationship was the foundation for Tumnus and Lucy being able to incorporate expressive techniques. Tumnus and Lucy described many attributes that lead to and allowed for a complex therapeutic relationship. These attributes are what created trust between Tumnus and Lucy and enhanced their connection. As Lucy stated, "I've tried to continually take the perspective that all relationships are a path towards growth, especially a relationship as complex, difficult, and beautiful as this one."

Attunement

The definition of attunement based on the data is the ability for Lucy to recognize Tumnus's experience and, therefore, meet the needs of Tumnus because of this awareness. This theme describes the way Lucy consistently responded to Tumnus. Lucy's attunement includes her ability to emotionally sense what Tumnus is feeling and experiencing to create an experience of connectedness. Lucy worked to deeply understand Tumnus so that she could respond in a way that Tumnus felt fully seen and understood. As Lucy described:

> I think what you [Maegen] were saying about there being an overlap in our experience has to do with the fact that what we're doing in therapy is the relationship. So, it feels to me like we're constantly reflecting on it and tending to it and all of those things. I would be really surprised if there was a huge discrepancy in experience between us about what we were doing or why or how we're doing it. I'm constantly saying, "How's what we're doing going, are there things that we can shift? What do you make of this?" I'm constantly trying to stay on the same page with you [Tumnus] about the process.

Tumnus said, "it felt like she [Lucy] was consistently showing up and . . . she was consistently meeting me where I was at." Attunement in Lucy and Tumnus's relationship involved Lucy observing Tumnus's experience and based on that information working to meet Tumnus's needs.

Advocacy

From the data, the term advocacy describes Lucy's concrete behavior that led to support for Tumnus, which Tumnus often could not do on their own because of resources or positions of power. Both Lucy and Tumnus discussed the importance of Lucy advocating for Tumnus. This was a concrete way that Lucy could demonstrate her care and understanding of Tumnus. Tumnus was able to experience in an actionable way that Lucy believed Tumnus's needs and wanted to find ways to support Tumnus:

> I remember when you asked me to write a letter for you for university accommodations. That felt like a big piece of trust than you were trusting that they could accommodate you and your trust in me that I could advocate it for you to get that. And the first time I'd written anything for you without pronouns and I was like, "I've got to make sure I do it right." (Lucy)

Tumnus also described Lucy's advocating as:

> Lucy fought the insurance company to get a single-case agreement to get me into a residential treatment center and not at a shitty one. It felt like Lucy was doing all of the work because I didn't have the ability to do that especially with where I was with my mental health.

Tumnus described many instances in which Lucy advocated for Tumnus with outside systems (e.g., the university, hospital, or insurance company). The advocating was extremely important for Tumnus to get the resources needed and to feel that support from Lucy.

Authenticity

Based on the data, authenticity is the experience of Lucy and Tumnus being real and genuine, to sense from each other that they are speaking truthfully and openly. Tumnus discussed some of the qualities needed from a therapist, which included authenticity. Tumnus stated:

> So, I think I was looking for something in therapy that I wasn't getting, in terms of like a relational approach and . . . safety and being able to share authentically and being accepted for that and not just accepted for that but actually appreciated for that.

Tumnus further described the realness that occurred as their relationship developed:

> I think this [relationship with Lucy] felt more real as opposed to just coming to therapy and having a one-sided experience. There's been an acknowledgment with the parts-work piece and what Lucy is willing and able to share about what parts I was bumping into of hers and how that process was happening. This made this feel more real and more reliable. It made her more human and, in that sense, more important.

Willingness

There was a willingness that both Lucy and Tumnus spoke about, that they were willing to try new things and to be open to not knowing what comes next. Originally, many themes were under the umbrella of Lucy and Tumnus being willing. These themes included humility, learning, openness, and working together. I shifted to willingness after a discussion with both the auditors about a term that could encapsulate all those themes. The auditors confirmed that humility, learning, openness, and working together could be condensed and simplified to willingness. The definition of willingness from the data is the ability and desire for Lucy and Tumnus to move towards one another, which may include discomfort or not knowing, but having trust in oneself and the other person. Lucy knew and was open to Tumnus guiding the way because only Tumnus could know what experiences needed to be processed and healed. Tumnus was willing and open, especially as the relationship developed, to try things Lucy suggested and learn from Lucy. Lucy talked about her ability to recognize when she entered a power struggle with Tumnus and step back and soften. Lucy said the following about the power struggle:

> I think this has allowed me to be less reactive and more compassionate and gentle when Tumnus's depression and suicide ideation grow, or they are emotionally dysregulated, or where there is conflict between us. I think this came out in the sandtray [Appendix G], where we showed my efforts to meet the client's prickly protector monster with a gentler cat side of me while I turn my lion fierceness into a protective force for the benefit of the client rather than trying to use it to force them into doing or being something other than who they are in that moment as many others in their life have done.

Lucy talked about trying not to meet the client's armor or hardness with her protectiveness. Lucy further explained that softening has been a continual practice for her, that

she has learned to soften in the face of the Tumnus's protective parts rather than getting defensive or trying to force Tumnus to soften. Lucy said, "I think I'm aware mostly of this dynamic and . . . trying not to get into this," referring to the animals in the sandtray she and Tumnus created during the interview. She also explained:

> There was something that happened when we went on the first [wilderness experience]. I can't think of what it was . . . where I had said something, and your younger parts had felt upset about it, and then we were on the way back from the experience and the opposite happened where you said something that impacted my younger parts. And for me, it was cool for us to both to have done the "wrong" thing to the other person and both gotten to see the impact and got to feel from the inside kind of like, "Oh, yeah, I did that thing and that's how it impacted you and you did the same thing and that's how it impacted me." It felt just really humanizing.

Lucy described an interaction during which they both were open and willing to recognize that they had unintentionally hurt one another. They were both allowed to be human and believe each other's hurt. The openness and trust allowed them to voice their experience to each other. Lucy and Tumnus developed a willingness to trust each other, take risks, and be humbled by each other.

Vulnerability

The definition of vulnerability is Lucy and Tumnus taking a relational risk in the hopes of further connection with the other, and the risk feels intense and scary. Tumnus and Lucy described many instances of one or both of them being vulnerable with each other. Their whole relationship is a testament to both of them taking the risk to be truthful together. Tumnus said, "I'd been incredibly vulnerable and asked Lucy if she would come see me when I was in the hospital." Tumnus took risks that in the past may have been incredibly painful and traumatic, and yet was able to work towards vulnerability.

> It feels significant to me I think because I don't cry with other clients and so it feels like a particularly vulnerable thing to do from the therapist seat. It feels like as the more I let myself be moved by things in a grounded way, it's been really helpful. (Lucy)

> My love language is through food and when I care about people I like to make and give them food. Several sessions I tried to bring homemade cookies to Lucy, but I couldn't, I was afraid that she might judge me, or she might reject my cookies and then I would be hurt, and then eventually I finally did. It's been to me like this really sweet way of interacting or caring or whatever. (Tumnus)

> Yeah, it felt like there was so much [trauma] I couldn't encapsulate with words and . . . it felt like I was able to externalize [through the altered book] what was happening inside of me in a way that I could share it and sharing it with Lucy was this incredibly powerful experience where it felt like she got it. (Tumnus)

Lucy also said, "What you've asked of me is to not hide behind a wall. You asked for me to be a three-dimensional person and that's been challenging and good and I think helpful for both of us." Lucy took her risks to show up for Tumnus in an authentic way and show more of herself to Tumnus. Vulnerability has been a theme that shows both Lucy and Tumnus have participated to connect and deepen their work and relationship.

For transparency, one auditor gave feedback about combining the themes of vulnerability, mutuality, and mattering. The auditor thought they were similar concepts. However, I decided to keep them as separate themes. Although there is an overlap of these themes and many of the relationship themes do connect and contribute to each other, I believe there is a distinction between vulnerability, mutuality, and mattering. Mutuality and mattering will be discussed in later sections.

Understanding and Care

The definition of understanding that came from the data is for Lucy to put aside her perspective and try to step into Tumnus's perspective. Care is Lucy's ability to take that understanding and express it through words, behavior, and nonverbal communication. There were many instances that Lucy and Tumnus described Lucy understanding Tumnus and caring for Tumnus. It was significant that Lucy did things behaviorally to show Tumnus that not only did she hear Tumnus but wanted to put effort towards meeting a need and creating a healing

experience. Below Lucy and Tumnus discuss how Lucy took the stories Tumnus shared about a childhood cow named Bubbles and integrated that information into their work together. Lucy and Tumnus visited a nearby farm and spent time with a cow together, and each described the experience:

> I think me asking if you were interested in bovine therapy was showing that I was hearing you, not just hearing you but like getting what was important about it. Willing to put effort into that. I remember when I first asked you, you had a really hard time taking it in, you were like, "I don't know why you're thinking about it" and I was thinking about it because of you and Bubbles . . . kind of a foreign concept, you'd never been heard with something that was that important to you and had something done with it. (Lucy)

> But to me, it just felt like crazy that somebody would go out of their way to try and make bovine therapy a thing for me. And how much work would go into trying to organize that and that somebody would even care enough to get that creative. (Tumnus)

Tumnus further described the experience of being understood, "Yeah. And I wouldn't know whether or not Lucy actually understood from that what was happening in here [internal world] but [Lucy's] response to it was enough that it felt like I was being seen and heard."

Tumnus also talked about the care Lucy gave during the sandtray portion of the interview:

> I saw it as a blanket [referring to blanket in the sandtray they created together] as kind of the support and care and comfort and nourishment that I get in this relationship. I also see the piece of what Lucy is talking about though, I think before I can come out on top and be out of the darkness, what I've needed is for Lucy to be able to stay in the darkness with me and that's been happening.

Lucy was able to understand and care for Tumnus about past experiences as well as the experiences that occurred between them. Tumnus also said the following:

> Yeah, I think there is a piece for me like seeing other people be moved by it [past trauma] or upset about it or expressing a reflection of "Wow, that's painful" has given me more permission to say, "Oh, yeah, that is fucked up or painful" and I get to be upset about it. I know that's a piece for me, that somebody cares enough to be hurt for me I think definitely supported our relationship.

Tumnus expressed to Lucy some hurt and anger about something Lucy did, and Lucy was able to show Tumnus she understood and cared. As Tumnus described:

> And so, having this experience where I actually got to feel upset [towards Lucy] and Lucy hold that and be willing to say, "I'm sorry that I hurt you in that way" and yeah, just be with me in it.

Lucy and Tumnus both talked about the importance of Lucy understanding Tumnus and showing this through care toward Tumnus.

Encouragement

Based on the interviews, the definition of encouragement is Lucy to show enthusiasm and hope, to let Tumnus know that she believes Tumnus can do something. Lucy and Tumnus both spoke about a specific experience outside when Lucy noticed Tumnus stomping on pine cones, and so Lucy started stomping as well. There is this reoccurring theme of there being a behavioral component in addition to naming an experience, where Tumnus and Lucy get to experience something in their bodies. Lucy has encouraged Tumnus in many ways, and specifically in the below quote, where Lucy encouraged Tumnus to feel and express anger. Lucy encouraged Tumnus on multiple levels, on one level by doing the action herself and on another level by stating out loud that Tumnus is expressing well. Tumnus stated, "I was intentionally stomping on pine cones the entire time and Lucy was like, 'Good job, way to get it out' (laughs). 'That's a good way to express how you're feeling and allow that energy to move through you'." Tumnus received the feedback that not only was it okay to express one's internal world, that it would be noticed, supported, and celebrated. Lucy encouraged Tumnus throughout their work together by expressing to Tumnus that she had hope and trust in Tumnus's capacity for healing and growth.

Creativity

Creativity was defined from the data as Lucy's ability to be flexible and open to making something new and/or changing direction based on incoming information. Not only do Tumnus and Lucy use creativity through specific expressive techniques, such as art and writing, but they

also relationally use creativity. Below Tumnus described how Lucy used her creativity to meet Tumnus's needs and experiment with what would be therapeutic:

> But yeah, my experience then . . . it feels like now I agree to do more things that Lucy is like, "What about this? We haven't tried this. Or what about that? We haven't tried that" because I just don't want to go back to the hospital because I know how terrible it's going to be for me.
>
> And I think those were draws to keep coming back, but not as much as the experience when I asked for help, she was there to help me. I think so much of working with me requires that somebody be willing to think outside of the box.

Lucy reiterated that flexibility and creativity have been essential to finding ways to work together, "I spend a lot of time just applying the therapeutic principles of honoring the defenses, loving presence and providing as much choice within the structure as possible, and cultivating a space of not knowing and experimentation." One of the ways that Lucy was able to meet Tumnus's needs was through the creativity of trying new things, thinking outside the box, and offering choice.

Mutuality

Mutuality is a relationship in which both Lucy and Tumnus get to be themselves and experience being important and influential within their relationship. Lucy spoke about the relational cultural theory (RCT) and shared an article with me about mutuality after an interview. Lucy summarized mutuality as a client and counselor growing towards an increased capacity for respect, having an impact on each other, and being open to being changed by the other. I include more on this theory in Chapter V. Below Lucy and Tumnus talk about the importance of impacting each other and growing together:

> This collage card I made about . . . being resurrected into a life of belonging. I shared this with you [Tumnus] that you are a part of that experience for me. So, in sessions we have kind of mapped things that have happened between us and again, like this part of me feels this about it and this part of me feels this about it. I think it's been a way to see the complexity in each of us. (Lucy)

> One thing that feels like it's been significant is there have been times when we've been working with stuff and what's been happening or what you've been saying has been really impactful and I've actually had tears in my eyes, and it feels like those moments have been really important and if you want to say anything about that. Kind of letting myself be touched by you, like that sense of belonging or mattering or knowing your impact. (Lucy)

> I would say what kept me coming back is that I would give a little and Lucy would give a little and that I'd ask for something and Lucy would give me something and that doesn't necessarily mean that Lucy always gave me the things that I thought I wanted or anything like that but . . . it felt like she was consistently showing up and . . . she was consistently meeting me where I was at. (Tumnus)

Tumnus and Lucy are growing together, and both are impacted by the other. The relationship has changed them and shown them they matter to each other. The mutuality that both Lucy and Tumnus have experienced has deepened their connection and belonging.

Love

Love, as defined by the data, is a feeling of deep affection and care Lucy and Tumnus had towards another. Lucy and Tumnus shared having developed a relationship in which they can love many parts of each other from a deep place within each of them. Tumnus said the following about love:

> When I was going through grad school and nobody talked about loving their clients and the idea of that seemed so taboo to me. I can't speak for Lucy's experience with this, but I know because of my experience as a client here and in my work with people that I have a great capacity to show up with love for my clients. That doesn't mean I feel like I have with my clients what I have with Lucy, but I can think of one client who I got to do a lot of amazing work with who changed my life and changed how I work and changed how I see myself and I know that I can say I love that client dearly. I don't get to work with that client anymore, but when I get that occasional email or phone call letting me know how that person is doing, my heart feels warm and feels glad knowing that that client is still alive and fighting the good fight or whatever you want to call it. . . . To me, that's the word [love] that is missing [from our conversation]. It's not about reciprocity or transparency as much as it's been about being loved and loving, too.

Lucy discussed her love towards Tumnus, "I feel like I love lots of my clients but it's a different . . . like I think I love them from like one or two parts of me, it's more one or two dimensional

[the love with Tumnus is more dimensional].” Many of the themes from the relationship of Tumnus and Lucy are qualities we need growing up from our caregivers. Tumnus experiences love from Lucy, which sends Tumnus the message that Tumnus is loveable. This is a powerful and essential message that allows for a deepening between them. Love is a feeling that both Tumnus and Lucy have for each other, a deep affection for each other’s whole being.

Mattering

As humans, we need to know we matter to others, especially to the people to whom we have shown ourselves (Jordan, 2001). The definition of mattering based on the data is Lucy and Tumnus to know they are important and have significance in their relationship. Both Lucy and Tumnus have found ways to show each other that the other one matters. This has furthered their connection and helped ground them in their significance in the world. Tumnus talked about knowing themselves as significant because of Lucy:

> Lucy has showed up for me, time and time again, and our initial meeting with Maegen gave me the time and space to reflect on that. I think it’s so important for me to spend that time reflecting on how far Lucy and I have come together, especially because this is the first time in my life where I’ve had a relationship like this . . . where another person has fought as hard as Lucy has fought or showed up as consistently as Lucy has ... or made me feel important and special.

Tumnus also discussed a gift from Lucy that supported Tumnus in developing that internal belief of importance and significance:

> Lucy made this [referring to a present from Lucy] for me for Christmas last year. She handmade the bag and these little things [pieces of paper] are different blessing words. I am supposed to pull a few of them every day, and I’ve gotten away from it recently. But what I was doing is, if I got up early enough in the morning then I’d pull a few and then I’d look for those things in my day. If I didn’t remember to do it in the morning or didn’t have time, then I’d do it in the evening and then I’d try to like think back through my day and see where those things showed up.

Lucy spoke about Tumnus expressing the significance of their relationship through bringing in natural objects. Lucy also talked about feeling special and knowing she mattered to Tumnus because of a gift Tumnus gave Lucy before she left on a trip. Lucy talked about the following:

> Initially, you tried to pass it off [bringing natural objects as gifts for Lucy] and I was like, "What it's like to be looking for these things and bringing them back?" and you were like, "Oh, it's fine." And then you're like, "Um, it's actually really meaningful to me to spend time looking for things to bring back to you [Lucy] when we're apart (laughs)." You brought me this rock from when you did your solo trip on the river.
>
> And this journal has quotes and poems and stuff in it and little messages from Tumnus in it and I used it on a trip while I was away for those 6 weeks. And when you [Tumnus] gave it to me, it was really touching, it made me cry. You were worried you had done something wrong, and it was because I wasn't expecting you to make something that special for me.

Lucy and Tumnus have found ways to express to each other that they matter. They both feel significant in their relationship and that they are special to each other.

Feedback

The definition of feedback based on the data is for Lucy and Tumnus to receive information about themselves from the other. Tumnus has benefited from receiving feedback from Lucy on how Tumnus shows up in the world. Lucy also receives feedback from Tumnus on how to show up for Tumnus in the relationship. It seems that both trust the other's feedback and can integrate the information they receive. In the below quote Tumnus talked about feedback:

> I don't feel like I have generally a very good concept of understanding how I impact other people and that was something that I kept asking for from Lucy. Like a better understanding of how what I was saying or doing or not doing was impacting her. Like a better understanding of how I show up in a relationship, especially because, at the time, I was married and wasn't really understanding how it was that I was impacting my wife in our relationship, but also with friends too. It felt really helpful for me to have a better understanding of how I was showing up in a relationship with Lucy and what kind of reaction, I guess, if I was being hurtful or anything like that.

Lucy also discussed feedback from Tumnus:

> That session we also talked about what Tumnus needed from me around safety and dissociation. I named that it was hard for me to tell if Tumnus needed space and support and grounding to feel safe after disappearing or if they needed me to be in closer proximity and provide reassurance and comfort that way.

Lucy described checking in with Tumnus to know how best to support and facilitate therapy. Feedback from Lucy to Tumnus has allowed Tumnus to understand themself more and be aware of Tumnus's relational style. Feedback from Tumnus to Lucy has also allowed Lucy to know how to be most therapeutic in any given moment.

Safety

During the member check, Lucy pointed out that there was no theme of *safety*. I had identified themes of competence and responsibility, but I had not included safety. After Lucy's feedback, I realized that safety was a crucial theme to include because of the importance it played in Tumnus and Lucy's relationship and that I had missed labeling it as such. I also spoke to the auditors about my themes of competence and responsibility and if they fit under the theme of safety. Both auditors concurred that safety was an overarching term for competence and responsibility. It was understandably important to Tumnus to find a competent therapist, and an important aspect of competence is the ability of the counselor to create safety. Safety is defined as Tumnus's felt sense that Tumnus will not be harmed emotionally, physically, or mentally that leads to Tumnus being themselves because there is a felt sense of openness and nonjudgmentalness from Lucy.

Through safety, Tumnus learned to trust Lucy, the environment, and Tumnus. A counselor can build safety by being competent, accountable, and responsible. Tumnus spoke about many previous therapeutic relationships that were ineffective and, at times, traumatic. Lucy talked about wanting to take responsibility from the beginning to ensure she was competent

and created safety for Tumnus. The beginning stages of therapy seemed to be a dance between Tumnus telling Lucy what was needed and Lucy taking responsibility for those things. Lucy was also able to show competence in trauma-informed care and meeting Tumnus at the place Tumnus was. Tumnus talked about the competency needed for Tumnus to engage in the therapeutic work:

> I started looking for a therapist who was trained in EMDR, and you didn't have to have a whole bunch of experience working with transpeople but at the very least they had to be willing to do that work with them. And then like the other piece for me was there was a difference between working with trauma and bringing the complex trauma in, what experience do you bring to the table as it relates to that? And so, those were some of the things that I was looking for when I reached out to Lucy.

From the beginning of their relationship, Tumnus needed Lucy to take responsibility for the ruptures that occurred around Tumnus's identities. Tumnus asked Lucy to become more competent with the trans and queer lens. Lucy created trust and safety by listening to Tumnus and becoming more competent in those important areas. Tumnus talked about the process of competence and responsibility:

> Yeah, I'd say part of it is that there are definitely some things that happen in that initial consultation that could be considered microaggressions, like in my email I said, straight up, "These are microaggressions and this is the way it impacted me and the reason why I'm telling you this is not to make you feel shitty about having done these things so much as now you have more awareness around how that impacted me. I'm bringing these to your attention because I need it to be your responsibility to learn these things that commonly happen as it relates to people from the communities I belong to and not expect me to teach you that along the way."

Tumnus advocated and told Lucy what was needed to create a therapeutic relationship. Lucy described the ongoing responsibility she takes to ensure the therapeutic role is maintained and Tumnus is the focus:

> [I'm] more three-dimensional from the therapist seat or including more of my parts in our relationship, and I've been continually working with myself to do this in a way that feels clear and clean. The primary purpose of this relationship is for Tumnus's healing and the role of my parts is to support that process through bringing in more authenticity as well as information to provide feedback to Tumnus about Tumnus's impact on me. My parts are not there to get their own needs met (for belonging or love or anything else) by Tumnus;

> I'm clear that is my job. We've had conversations about Tumnus's role not being to caretake my parts but instead to be aware of Tumnus's impact on my parts (similar to the way we're aware of my impact on Tumnus's parts). We've tried to be aware of which parts of Tumnus are allowed to be present and to express and to continually give permission for all of them to show up (rather than Tumnus trying to manage Tumnus's parts so that my parts will have a certain experience).

Lucy discussed that safety is foundational to their relationship and the therapeutic work. Below Lucy described her intentionality for authenticity to create safety:

> A large part of my focus on authenticity and bringing in as many parts as possible has to do with helping Tumnus's protector parts to relax their guard enough to be able to take in what's happening between us in real-time.

They have worked together to develop a relationship that has a foundation of safety. Lucy maintains responsibility as the counselor to hold structure and know her role. Lucy demonstrated competence with her trauma training and by continuing to build on that competence through Tumnus's feedback. The next theme is trust, which developed over time between Tumnus and Lucy. Trust can develop when a relationship has safety, accountability, and connection.

Trust

Trust is Lucy and Tumnus knowing each other will follow through with their behavior, words, and ways of being. Trust, as based on the data, is Lucy and Tumnus also depending on their relationship because of getting through past difficulty and being connected. Lucy and Tumnus have had to trust each other in and outside the therapy room. When they spend time outdoors, they have to trust each other's ability in the wilderness and depend on each other. In the therapy room, Tumnus trusts Lucy to navigate and guide to a place of safety and healing. Tumnus spoke about the intensity of being hospitalized and going to residential treatment and the overwhelmingness of pain. As Tumnus stated, it was the trust in Lucy that created movement and the ability for Tumnus to stay alive:

> Where I was last fall is that I had nothing left . . . I had no energy, no desire, no care . . . and it felt like, to me, I was making agreements to Lucy almost like . . . the relationship between the two of us was being leveraged and not in a bad way but "We've come this far, can you trust me?" and obviously, then Lucy has to put all her trust in me, too, because I'm high risk and suicidal and all of that. Yeah, it felt like . . . I agreed to keep moving if Lucy was saying, "And this is where we're going to go."
>
> I remember getting to treatment and like I didn't care about being in treatment . . . I agreed to do it and I agreed to try because of Lucy and then that's how this process has been, it's like Lucy asking me to try one more thing.
>
> I feel like through all of this, there have been so many times that I wanted to give up, and I think this [the therapeutic relationship] has been enough to give me enough hope to keep moving, if that makes sense.

Lucy supports Tumnus, which in turn buoys Tumnus to keep going, and through this process, Tumnus trusts Lucy and their relationship to keep living. Below, Lucy discussed the intimacy of their river trips and how the trips foster connection and trust between them. Through their interdependence on these trips, Lucy and Tumnus work together to move downriver and stay safe.

> And that's [depending on each other] even more accentuated in the river quest which in terms of like having to rely on each other and be in a relationship with each and work really well together, communication and getting through adversity, feeling like we're doing it together, that's even more of an intense experience.

So much of what happens outside between Tumnus and Lucy is mirrored when they are inside Lucy's office. During their river quests, they have to trust each other's physical and mental fortitude, and inside the office, they trust each other's emotional connection and love.

Corrective Emotional Experience

Lucy and Tumnus both spoke about the healing qualities of Tumnus getting to receive experiences in therapy that were missed in childhood. The definition of a corrective emotional experience is Tumnus to reexperience a past pain or trauma in a new way that helps process and heal that pain. Lucy and Tumnus both spoke about the benefit of getting in touch and allowing

their younger parts to play to connect. These reparative interactions lead to a deeper connection to oneself as well as healing the past. Tumnus said the following:

> I think part of the magic in the relationship has been like this piece where Lucy has been able to show up from different parts of herself, at times . . . I have the need for Lucy to show up from this place of caring and nurturing and I've been met there and then have been other times where it's been more playful, and Lucy can let the younger parts of herself show up and there can be laughter and play and fun. And I think there has been so much healing for me in getting to have all of the missing experiences that I didn't get to have when I was a kid now.

Lucy agreed with Tumnus's statements and added her perspective:

> I think a lot of that for me that's been really meaningful, I spent a lot of time alone as a child and didn't necessarily feel like a big sense of belonging, and so there is something about doing that with you and feeling nourished. I remember there was this one time when I gave you some homemade chokecherry syrup and we talked about how had you had good parents, they would have shared things with you from their childhoods that were sweet. So, me bringing in the occasional thing to share from good memories in my childhood helps you to have some of that missing experience.
>
> I think more than that was that the Tumnus's younger parts just got to have their feelings without me being reactive in any way. They got to be sad, mad, hurt, etc. for all the times that someone let them down. And got to experience me being present with them in that.

Lucy can be a safe caregiving figure from whom Tumnus receives some of the experiences and interactions missed as a child. As Tumnus stated, this allows for healing and a way to know that the past traumas do not make Tumnus incapable of experiencing these things. These corrective emotional experiences allow Tumnus to receive what Tumnus needed in childhood and feel all the feelings that arose from a painful and traumatic experience.

Conclusion for the Complex Relationship

Many of the themes that emerged from Lucy and Tumnus's relationship intertwine and overlap. The themes build off each other and promote each other. An example of this is Tumnus and Lucy's connection and love deepen as more authenticity and vulnerability occur between them. Tumnus's trust in Lucy increases as Lucy stays consistent with her competence and

understanding and care. Lucy and Tumnus have a complex relationship in which they both grow and matter to each other. Tumnus reports change and healing because of the relationship with Lucy. Tumnus also talked about the healing that occurred due to the expressive techniques used in therapy. The next section is the themes that emerged from their use of expressive therapy.

Creating Opportunities

Opportunities for change, healing, and growth were created because of the use of expressive therapy. Tumnus defined expressive therapy as, "I think the word *experiential* to me feels very much . . . a part of expressive therapy. It's almost like . . . it brings in *doing* something together and being in it together." Tumnus further stated, "Yeah, and doing it in a way that you're actually present enough to experience it. That feels important to me." As mentioned previously their expressive work included: reading stories, making art (collage or painting), smoothing the client's hair, reading poetry, creating ceremonies, cooking together, bringing food for potlucks, sunrise sessions, swinging at a playground, coloring books, mirror work, eating together at a diner on the way home from a wilderness trip, playing board games, celebrating the client's birthday, making handmade gifts for each other, sharing stuffed animals, wearing onesies, doing bovine therapy at a farm, lots of outdoor sessions, exploring rotten logs, watching insects, watching clouds or stars, backpacking, canoeing, writing messages in the sand, and collecting natural objects. As discussed earlier, one significant piece of art Tumnus created was the altered book. Tumnus said, "the altered book . . . like the word *to alter* something. So, it's literally a book that I've been altering via mixed media." It was freeing for Tumnus to used mixed media and not have to depend on verbalization to describe an internal experience. Another significant piece of art that both Lucy and Tumnus create are called soul collages, Lucy described them as:

> I've made these cards (shows them) to represent different parts of myself . . . and occasionally I've shared some of them with Tumnus. So, like this is kind of my inner parent card but it's the part of me that often shows up with Tumnus in terms of being consistent and reliable and nurturing, all of those kinds of things. And then there are parts of me that are more reactive or hurt or whatever it is, like I try and come back to this nurturing parent part before responding to Tumnus. I try not to react from some of my other parts as much as come back to this part. So, they're just kind of metaphors for different parts of me.

Tumnus went on to say:

> Part of all of this is that Lucy has also helped me make cards that represent my different parts and I feel like a lot of that happened through the hard stuff, through the soul collage cards, through the altered book.

Tumnus talked about how, through soul collage, Tumnus could show more of a part's experience without having to have the language. The words came after Tumnus was able to express some through pictures and images. Through the altered book and soul collage Tumnus was able to create and express from a feeling place, which previously had been closed off because of the intensity of the trauma.

Both Lucy and Tumnus expressed the importance of expressive therapy. Lucy said, "I just don't feel we could've done any of this without doing expressive therapies." Tumnus said:

> Through just experimenting and trying new things out, I'm beginning to understand not only is this needed but also what constitutes expressive therapy is so much more than I ever thought. And I think if it hadn't been for the experiential pieces, we wouldn't have gotten as far as we have.

Lucy and Tumnus also talked in depth about the importance of the wilderness quests they took together. These included canoe trips, backpacking together, and cooking for one another. It was meaningful for them to work together and trust each other outside. These experiential activities supported connection and presence to help Tumnus move through some of the attachment trauma experienced previously.

Some of the themes below include a few of the previous quotes used to describe the complex relationship. Some quotes appear twice because they encompass and illuminate both themes, and because there are connections and overlap to the relationship and expressive therapy.

Awareness and Connection to Body

The definition of awareness of one's body is for Tumnus to feel present in a given moment so that information from Tumnus's body can be received. For Tumnus to feel connected to one's body is to have a relationship with the body and trust and honor what the body communicates. Tumnus talked about being unaware of what was happening with Tumnus's body when starting therapy. Tumnus had learned how to disconnect from the body, as most children do who experience attachment trauma growing up. Through expressive therapy Tumnus reunited with Tumnus's body, Tumnus said the following:

> Yeah, just not something that I was accustomed to [Lucy showing up for Tumnus] and I don't know that I was this aware . . . I know I was not this aware then . . . but one of Lucy's trainings is very body-based and like I'm even noticing now, like in this moment that I'm having this like rejection, this internal bracing away from being able to accept the care that it took for her to show up that way for me especially then.

Lucy expanded on this by saying:

> That's the whole point of experiential therapy is that you're not just talking about stuff, you're experiencing it [in your body] and so any time anybody is talking about something you're bringing it back to what does that feel like inside as you're thinking about it or as you're saying it or as you're talking about it? Trying to bring everything (even past material) into the present.

Both Tumnus and Lucy talked about the importance of Tumnus learning to be connected to Tumnus's body again. This allowed for connection to self and a way to move the traumatic material out of the body. Tumnus's awareness and connection to Tumnus's body allowed

Tumnus to be present and aware of how past and current experiences impacted Tumnus so that Tumnus could feel whatever arose from the experiences.

Attachment to Self

Throughout the interviews, Tumnus discussed working towards attaching to themself, and attachment to self is defined as having a relationship that includes respect, honoring, and love with all of oneself. Tumnus described the impact of using expressive therapy in regard to connection:

> I think in the process of attaching to Lucy [it] has been possible [to attach to myself] and that has made it [coloring, onesies, significant therapeutic moments] more possible for me to attach to my younger parts in a way that's healthy as opposed to shaming.

Tumnus also shared how the altered book led to attachment:

> There are three parts to this [altered book]. I think I explained this, some of the pages represent the stories that other people have written for me in a shitty way and some of them represent how I continued writing those stories and how I abused myself, and then some of them represent the stories that I've chosen to write for myself.

Through the altered book, Tumnus found ways to let go of others' opinions and develop and attach to oneself. Often from extended childhood trauma, one learns to detach from their experience and, therefore, themselves to survive (Bass et al., 1994; Herman, 1997). At least partly due to Tumnus's childhood trauma, Tumnus had to learn to reattach to themself, trust, respect, and honor Tumnus's perspective and experiences. Through this attachment, Tumnus was able to connect to past experiences so that Tumnus could integrate those experiences. This attachment to self also led to a connection to internal feelings to feel and express the feelings. These two themes will be discussed in more detail below.

Connection to My Experiences to Integrate Them

The definition of this theme is Tumnus's ability to be present (not dissociated or only in Tumnus's head) to appreciate and recognize an experience and, therefore, be able to digest/process the impact of the experience. Tumnus and Lucy have spent a lot of time slowing down the process so that Tumnus could feel and experience it. They have worked on creating safety externally and internally so that Tumnus could feel the years of pain and heartache. By using expressive therapy, such as writing, Tumnus could start to unpack the shame of the past. Through somatic processing, EMDR, and other expressive techniques, Tumnus described attaching to experiences and feelings so that Tumnus could start processing and healing:

> Yeah, that definitely feels true [wanting to originally use talk therapy] because like if I'm feeling socially awkward, I talk a lot, I fill empty silence, awkward silence with useless, meaningless information. I can talk a lot about shitty things that have happened to me in my life from a very detached perspective and not feel it and not let myself feel it. From the get-go, Lucy was all about trying to slow it down and be with it.

Lucy also talked about the importance of using expressive techniques to connect to the experiences:

> It's almost like then . . . there was so much shame and the writing allowed you to start shining a light on it, it was like having someone else see it with you in a way that was hard yet still possible. Saying it out loud would've been too horrible and just not even possible.

Tumnus spoke about the ability to talk about something without being connected to it, and how that allowed Tumnus not to feel or to process whatever it was Tumnus was talking about. Lucy also shared how writing was a way that Tumnus could start attaching to the experience without the overwhelmingness that would have come from saying it out loud. Tumnus continued to describe the importance of expression without verbalization. Through Tumnus's altered book Tumnus was able to express and attach to what was happening internally:

> Yeah, it felt like there was so much I couldn't encapsulate with words and . . . it felt like I was able to externalize what was happening inside of me in a way that I could share it and sharing it with Lucy was this incredibly powerful experience where it felt like she got it.

Below Lucy shared how Tumnus was able to move from writing to talking about painful experiences for Tumnus to develop more ways of expressing and attaching to Tumnus's experiences:

> In the beginning, you were writing blog posts and sending them to me because putting things into [verbal] words is hard. You were starting to show up more in the emails and the blog posts from a soft place and then in sessions still from a hardened place. So, we did a session. I remember with the nature basket where you were showing the different parts, and I remember naming that I feel like outside session you sent me stuff from here [soft place] and then inside session you were here [a hard place]. I felt after that you started to be able to bring what you were bringing in the emails actually in person a little more. (Lucy)

> I use the metaphor with clients about titration from this perspective of if you have a 2-liter bottle of soda that was rolling around in the back of your car on the way home from the grocery store, when you open it you want to twist it a little bit and let some of the fizz out and then close it and open it a little bit and let some of the fizz out and then close it. And I think the experience of using expressive therapy has allowed me to let some of the fizz out and then close it back up and go through that process in a way that it's actually manageable for my nervous system as opposed to so overwhelming that I'd just be flooded all the time or completely dissociated. (Tumnus)

Tumnus found ways to slowly connect to past pain and trauma. Through titration, Tumnus connected to past experiences in digestible amounts to connect and integrate those experiences. Below Tumnus talks about how Tumnus learned to connect to younger parts that historically Tumnus was disconnected from. Through the connection of the younger parts, Tumnus was able to acknowledge the experiences of those parts and, from there, welcome and love more of who Tumnus is:

> The word that's coming up for me is that it [playing in a fort] feels like it accessed different parts of me . . . and we definitely have done a lot with parts work . . . but it feels like . . . I talk about this part of me that I call the 5-year-old girl and it has historically been the part of me that I try to hide away, and I feel a lot of shame around. Sometimes I show up in the world from this perspective, like from this part of me and when I notice it

> happening I'm like "make that stop, make it go away" so . . . yeah, this has very much felt like . . . doing things like finding ourselves in the fort or . . . sessions where we've colored or . . . so many different things that I could think of . . . onesie days, where that part of me is welcome. (Tumnus)

The above quotes describe how expressive therapy supported Tumnus in being present to process the traumatic material and integrate parts of oneself that had to be compartmentalized due to the trauma. Another part of connecting to the experience is feeling the range of emotions that arise from the experience, which is discussed next.

Connection to Feelings and Expressing Feelings

As a child, there was not space for Tumnus to feel feelings and express feelings. When this occurs, children learn how to push down their feelings and disown their feelings. The definition of connection to feelings is Tumnus's awareness and ability to experience one's internal world of emotion and having the ability to externalize those feelings through words or action (movement, writing, art). Through expressive therapy, Tumnus rediscovered some of the feelings that had been suppressed:

> Yeah and I think initially it was less about talking through it [feeling anger] and more about showing through the crunching of the pine cones like, "This is how I feel," and I don't necessarily know that I had words for it and I have a hard time letting myself be angry and feel anger and express anger and certainly not anger at somebody and I don't ever want to be somebody who directs my anger towards another person. It's possible to express your anger with another person without like throwing it at them, and it didn't feel like the pinecones were directing it at you . . . it just felt like it was expressing it and another experiential way of doing that. Lucy definitely has had many great ideas of how to express my anger. One time I came into session and she had a phone book ready for me to tear to shreds and at the end of it all, like the whole office was covered in phone book shreds and I didn't have to clean it up and I got to throw my tantrum and not have to clean up after myself like a little kid with a healthy, regulated parent would be able to do. Beating logs with sticks have been another example. Lucy has been big on trying to get me to express it and move it physically.

> Yeah, I think there is a piece for me like seeing other people be moved by it or upset about it or expressing a reflection of "Wow, that's painful" has given me more permission to say, "Oh, yeah, that is fucked up or painful," and I get to be upset about it, I know that's a piece for me, that somebody cares enough to be hurt for me I think definitely supported our relationship.

Tumnus discussed the importance of finding ways to express feelings, especially when words were not available. Through expressive therapy, Tumnus discovered ways to connect to the internal feelings and then express them through different means, such as ripping up the phone book, crunching pinecones, and art.

Without the above themes of connection to experiences and feelings, it would not have been possible for Tumnus and Lucy to go into the darkness of feeling. In the depths, Tumnus can appreciate what Tumnus has been through and survived. There is a freedom that occurs when the depths are acknowledged and grieved as Tumnus discussed below:

> Yeah, and be with . . . the pain and the hurt and anger and all of that in a way that has allowed me to say, "I get to feel this, I get to be upset about this and it wasn't fair, and I deserved more," and really process through all of that.

Tumnus also explained, "I think before I can come out on top of [the pain] and being out of the darkness, what I've needed is for Lucy to be able to stay in the darkness with me and that's been happening." Tumnus acknowledged the need to move through the dark parts of Tumnus's childhood and experiences to get to a lighter, more free existence. Below is the subtheme of feelings to give the reader an idea of some of the feelings discussed during the interviews.

The Feelings. This is not an exhaustive list of the feelings that arose for Tumnus--it is an illustration to demonstrate feelings that surfaced throughout the therapeutic process and how Tumnus and Lucy navigated the feelings.

1. Anger

Yeah, and also like there was this piece around like you went out of your way to come see me in the hospital and I was like, “Well, do I get to be mad at you too?” because you just did this thing for me that I didn’t expect anybody to ever do for me and yeah, that felt like a big deal. It feels like a pattern for me in relationships where I accept things that aren’t fair to me because in other places that person seems to go above and beyond. (Tumnus)

2. Rejection

I’m even noticing now, like in this moment that I’m having this like rejection, this internal bracing away from being able to accept the care that it took for her to show up that way for me especially then. (Tumnus)

Yeah, and there was room for me to go into my feelings about [the] lack of belonging and obviously, that keeps coming up and it’s not just talked about then [it’s felt]. (Tumnus)

3. Fear and overwhelmingness

It was like raining and hailing and it was so hard, so cold, and so terrible, there was a point when we were out in the canoe and had been paddling for a bazillion hours and I was like, “Will you scream with me?” and we just like screamed together because it was just so much, it was so intense and so horrible. And that became kind of a reference point for when things have been hard. (Lucy)

4. Grief and pain

There is this little part of me that’s like, “No, you said you were going to do this for me, and I was getting all excited and I felt like I was important to somebody” and then when you didn’t, I was the sad, woe is me child. (Tumnus)

And for me [raising a cow as a child], ended up being this powerful metaphor about how even though I’d been through all of this shittiness in my childhood, that even though I didn’t have the love and nurturing that I should’ve had as a kid, that I was able to give love to this cow and then the cow gave it to her calves. It was a really moving experience for me to really be connected to another being in that way and to realize that I wasn’t too damaged to love. (Tumnus)

Yeah. I don’t know which ones [soul collages] are important to share. I think I’ve showed you this last time, but I didn’t explain all of this, but this is the one that represents the part that I called “my 5-year-old girl part.” And this is the part that a lot of my other parts try to protect and push down or make silent. And then when Lucy was cutting the edges, she accidentally tore it a little bit and it seemed like she felt a lot of guilt and worry about if I was going to be upset about it, but I was like, actually, I think that makes it a little more perfect because it looks like blood. (Tumnus)

The expressive therapy experiences created opportunities that Tumnus described as essential to feeling and moving through the traumatic material to being the healing process.

Safe Touch and Comfort

Safe touch is defined by the data as Lucy's physical contact that is welcome and leads to Tumnus feeling cared for and connected to Lucy. Comfort is the ability to take in care through touch and/or words from another. Through their work together, Tumnus learned how to differentiate between harmful and safe touch. This included then working towards taking in comfort and touch. Lucy talked about touch below:

> In body-based therapy, touch is something that we're trained in. It can be used to evoke experiences or implicit memory from the past that has been held in the body or to provide missing experiences (usually of comfort or protection) that the client never received. During this session, the client asked me to follow my instincts (which in this case are usually to lean in and offer missing experiences) and this started a phase of work with the client beginning to explore and disentangle safe touch from unsafe touch and to begin to experiment with taking in support from others both by physically leaning on my shoulder and working to stay present as I said supportive things or we looked jointly at something resourcing in the environment together.

Lucy talked about ways she worked to give Tumnus the opportunity of comfort outside of the therapy. Lucy said, "for a long while when we were doing the smaller children's books, I was recording them and sending them to you to listen to between sessions or when you couldn't sleep or were having nightmares or whatever." Lucy and Tumnus found ways for Tumnus to accept comfort from Lucy and to develop the ability to do it for oneself. Safe touch and comfort gave Tumnus the opportunity for care and connection from Lucy.

Crucial Moments

Several significant moments have led to shifts in their relationship as well as shifts within Tumnus. Based on the data, the definition of crucial moments is a significant event with Tumnus and Lucy that leads to a deeper relational connection and/or Tumnus's insight that leads to

awareness and growth. Many of these crucial experiences have happened through expressive therapy as described by Tumnus and Lucy:

> I do think there has been some healing. I don't think like at this point enough healing has taken place for me to be okay. But I think none of that would've happened if it hadn't been for the use of expressive therapy. Talking about the piece earlier about how I could do talk therapy and do it from a detached perspective. If I had just kept trying to do that, I wouldn't be where I am now. I probably wouldn't be alive either because that's not enough [talk therapy] and I definitely feel like just talking about things from a detached perspective can actually perpetuate the trauma and bring more like a retraumatizing experience. (Tumnus)

> I think there have been a lot of turning points. I think one of the big turning points was one of our first wilderness [trips]. We did a lot of EMDR, and that's where you started to make your altered book. (Lucy)

> I ended up sitting in a onesie making my altered book pages all day and I ended up with this one [page], which it felt like it expressed a lot that I couldn't say out loud, and, obviously, some of it is words, but like most of it is like the imagery that really expresses like what was coming up for me. (Tumnus)

Tumnus talked about the importance of spending time with Lucy and discovering parts of Tumnus, "I'm sitting in a onesie, having the space to do whatever, be whoever, and like no expectations and then just 'this is part of who I am' and then it being held was incredibly healing." Through the expressive pieces, Tumnus discovered more of who Tumnus is and ways to move through the past pain. There were defining moments in their therapeutic work that Tumnus and Lucy spoke about during the interview, and from these crucial moments, Tumnus at times felt more deeply connected to Lucy or experienced internal shifts that lead to awareness and growth.

Flexibility

The definition of flexibility based on the data is Lucy's ability to easily shift, change, or modify depending on what is occurring in a given moment. Lucy and Tumnus discussed a myriad of ways they use expressive therapy. This flexibility and ingenuity has allowed for

Tumnus to process in ways that work and change it up according to the needs of Tumnus and what is being processed. Lucy said the following about flexibility:

> Though much of this process, this work has felt intuitive, instinctual, responsive, and experimental. I often feel that I can't see more than one or two steps in front of us and I don't know how what we're doing will fit into the overall arc of where we have been or where we will go next.

Tumnus echoed Lucy's statement and said the following:

> Yeah . . . being able to do things like that [forts, coloring, creating an altered book], like be that flexible and bring in play and nurturing . . . has allowed me to access those parts of me in a way that allows me to heal as opposed to me having to stuff it down and shame it. That feels like it allows me to integrate more so that I'm existing in the world as the truest, wisest version of myself as opposed to feeling like the kid in me shows up because I'm not giving it enough space where it didn't get to be a kid when I was a kid. So, we've been accessing those parts in a way that allows me to heal.

Lucy and Tumnus both spoke about the importance of being flexible. Lucy talked about not planning too far ahead and using intuition and experimentation to support Tumnus. Tumnus talked about how flexibility has led to more connection for Tumnus and that allows for healing. This flexibility seems to be connected to the theme of playfulness. Expressive therapy encouraged flexibility for Tumnus and Lucy to have an organic process during which they make changes or try things according to the need at the moment, and playfulness is inherently flexible.

Playfulness

Play has been essential to Lucy and Tumnus's therapeutic work. Playfulness is defined by the data as an activity or experience that is not scheduled or predetermined; it happens when Lucy and Tumnus engage in something without purpose. Playfulness has allowed for Tumnus to reconnect with Tumnus's younger parts. Play has made room for lightness and breath while moving through the pain and trauma. Through play, Tumnus and Lucy connect and have fun and experience joy together. Playfulness has also allowed for deeper connection, a better knowing of one another and themselves. As Tumnus and Lucy described:

> And I remember having this really . . . I mean, it [outdoor sessions] invited so much play, the session where we were at this outdoor, open space and this downed tree was . . . it was down in such a way like the branches were over it, it was almost like a fort and we both like . . . crawled in. We were really close together but it was like the experience of being a little kid and building a fort in the living room or wherever but in a tree, playing in the woods. (Tumnus)

> We met outdoors and created a fort out of a dead fallen tree was a major turning point for us. This was the first extended session we had done outdoors, the first time the client shared about their dissociation in real-time, the first time they told me about "the voice" that tells them to kill themself, the first time my younger part showed up more explicitly between us, and the first time we really played together. I remember the client went into the space created by the fallen tree from one side and I was on the outside for a bit, then as I crawled in from the other side, I had to contort myself and slither on my belly to get there. I remember saying it felt like what it was like to be in a relationship with Tumnus, that it was a lot of work, that I had to try to find just the right way in, and all the while I wasn't even sure if they wanted me to come closer even when they said it was ok. I think that my patience and willingness to do that even though it wasn't easy and ability to put words to the process of it was something that allowed that dynamic between us to begin to shift. (Lucy)

Below Tumnus gives another example of play during a session:

> With the bovine therapy, there was this young part of me that wanted to share with Lucy, and I remember like a couple of times like Lucy was standing back and kind of just let me do my thing and I was, "No, come play with me" and wanting to get to share that with Lucy. So, even in the experience of being with the cow or the experience of the fort, you know, not wanting to do that alone and being met in that.

These quotes demonstrate how playfulness has allowed in some light and fun while also leading to shifts in the therapeutic relationship. Through playfulness, Tumnus and Lucy have found ways to connect to each other, younger parts, and Tumnus's past experiences.

Below are some of the outside experiences that impacted either Lucy or Tumnus, which were significant in some way to their therapeutic relationship.

Outside Experiences

Tumnus and Lucy both spoke about experiences they had outside of their therapeutic relationship that impacted and influenced them. Their work is not in a silo, and so I thought it would be important to mention some of the outside things that happened while they worked

together. These experiences did not resonate with both of them; they each had unique experiences that impacted their work together. Lucy had an experience of supervision that was meaningful, Tumnus spoke about graduate school and working with clients that impacted the therapeutic work, and finally, they both had different experiences of the interview itself.

Supervision

Clinical supervision allows a counselor to receive continued support, feedback, and oversight to further clinical growth and ability. Lucy sought out continued supervision, even after licensure, to support her growth as a counselor. Lucy talked about receiving supervision that did not fit her style and then receiving supervision that did align with her gut. Lucy was empowered and more grounded by navigating what she felt was right and following through with it. Lucy said the following things about the supervision that did not fit:

> I think visiting you [Tumnus] in the hospital was interesting for me. I was in the process of switching supervisors around that time and I consulted with somebody who had much more of like a social worker perspective and not a trauma-informed/attachment perspective, and their perspective was very much like therapy takes place in the therapy office in the 50-minute hour and that's what therapy is, and doing anything outside of that is basically like you're enabling or you're beyond your scope or whatever. There were a whole bunch of reasons why not to see you, and I was in this thing that was happening about wanting to come to visit you. From my perspective, it felt important that you'd taken this step to protect yourself and be there [hospital], and I really wanted to support that. And from an attachment perspective, it felt really important to be there when you were outside of your element, and I was getting this supervision to not do that.
>
> And it was an empowering process for me, I'm like, "I actually know, I know what is right for me and I know what's right for Tumnus and I'm going to go visit anyway." And that felt like a little bit of me like owning the process more clinically from my side, we're not doing your standard 50-minute talk therapy and I'm going to straight-up say that this is not what this is, that's not what we're doing. I felt like that gave me internally more permission to then continue on with the process in the way that was working for us.

There were outside influences that impacted Lucy and Tumnus's therapeutic work. Lucy was able to navigate supervision that did not align with her theoretical perspective and how she wanted to show up for Tumnus, and so Lucy chose to trust herself and visit Tumnus in the

hospital. Lucy also discussed finding a supervisor who had an attachment lens and used a trauma-informed approach, which fit more with her style. Lucy talked about the importance of discovering more who she is as a counselor and how the more she trusted herself, the more she could show up for Tumnus.

Tumnus's Work as a Therapist

Tumnus discussed how Tumnus's master's counseling internship and clinical work impacted the personal work. Some of the work experiences furthered Tumnus's understanding of oneself and supported shifts for Tumnus to move through the world in a softer, more open way. Tumnus stated the following:

> Doing that work with clients I got the feedback from my cohort members when we were doing internship readiness circles, getting feedback from our peers as well as our instructors on whether or not they thought we were ready to go into being a therapist and internship sites. I got the feedback that I was closed off and hardened, which is that armor, like I've been so protective and I don't form relationships easily or well and I demand a lot from people if they want to be in a relationship with me because I don't do shallow relationships . . . yeah, just coming into my cohort I was like, "Don't fucking touch me, what the fuck do you want?" Like the epitome of 'resting bitch face' . . . I just came off in the world as really angry. I mean, I was angry, and I have every right to be angry . . . that doesn't mean I have to approach everyone in the world from a place of anger, certainly doesn't mean I need to direct it towards everyone who doesn't deserve it.
>
> And I just expected every person to suck and, therefore, treated them like they sucked. So, I got the feedback from a cohort member that when she had seen me soften, she had felt so much and like the relationship was so healing and what she wished was that I would soften more often because I show up so guarded in the world that it made it really hard for her to connect with me and be in a relationship with me. She was worried that, when I entered the internship, that my clients might have that similar response to me and not be able to feel met or seen or heard because I was guarded and so cold and hard.

Tumnus was able to take feedback from the internship and use that feedback in therapy with Lucy. Tumnus was working towards softening with Lucy to show more of Tumnus's internal experience, and because this feedback was echoed in the internship, Tumnus was able to believe

and want to change it. Although Tumnus and Lucy had different outside experiences, they both talked about experiences outside their relationship that impacted their work.

The Interview

Another experience outside their therapeutic relationship that both Lucy and Tumnus talked about was our three interviews. The interviews brought up some fear of criticism and self-doubt for Lucy. For Tumnus, the interviews created some space for reflection and further integration of the work Lucy and Tumnus have done together. Tumnus said the following:

> I actually feel a cool part about doing this with you [Maegen] is that I get even more of a sense of Lucy's experience and I have had an understanding of my experience but then I've done the wondering of "Is this Lucy's experience or am I crazy?" or whatever. And, yes, I'm a little crazy, otherwise I wouldn't have ended up in the hospital or residential (laughing), but like these questions around "Is this okay? How does Lucy feel about doing these things? About the relationship and is it as moving of a relationship for her as it is for me?" I feel like through this process of doing this with you [Maegen] there is more of an understanding of the overlap.
>
> I think, yeah, it is important and helpful [the interviews]. I think there are a lot of things that Lucy has said to me in session that I didn't know that I fully believed or let sink in. The fact that she's saying them to another person who is another therapist, to me, like in front of me, that it makes feel more believable.

Lucy talked about the challenge of the interviews and working through the desire to be the perfect counselor. Lucy said she also had a fear of criticism from me or readers of this dissertation. Lucy said, "I feel super awkward, I feel very much on the spot. Like I know [why] you're [Maegen] doing this but like grilled about what I've done and how I've done it. And if it's okay." Lucy went on to say, "I feel like having to justify things which I know that's not what you're [Maegen] asking for but it feels like a lot of scrutiny." Lucy and Tumnus had differing experiences of the interviews, for Tumnus the interviews brought validation and confirmation, and for Lucy, it brought doubt and some fear.

Researcher Reflexivity

I outlined in Chapter III the many steps I took to promote researcher reflectivity. This included researcher journals after every interview in which I addressed a series of questions to support reflection (Appendix A). The journals were given to the auditors for assessment of my reactions to appraise any bias on the data collected. Below, I describe my general reactions and those to each participant for transparency and truthfulness.

General Reactions

In preparation for the interviews, I took time to look over my research questions and the semi-structured guidelines. I drove 45 minutes to the interview, so during my drive time, I was intentional to ground myself with deep breaths and put my focus towards listening and being open during the interview. I also tried to do this throughout the interview by being present and trying not to guide their responses in any way. I asked open-ended questions and, fairly quickly, both participants corrected reflections I made that did not fit.

The overarching emotional reaction I had after each interview was gratitude and awe. It was a privilege to be let into this therapeutic relationship and get a glimpse into their work together. I respect what they have created together and felt inspired after each interview. I experienced both Lucy and Tumnus as self-aware, conscientious, intelligent, resilient, and open. I wrote this in my journal after the first interview:

> I felt like the flow of the interview went well and I was comfortable. My intuition is telling me I'm lucky to have found a therapeutic relationship like this, and, as a pair, they have done so much work--their mutual respect and love for each other was apparent.

I also wrote, "I just really liked both of them, and I felt honored to hear about their work together."

I was also quickly aware of my hope and excitement that expressive therapy was a critical component of their work together. As I said in my first journal:

> I had reactions of joy and excitement when the client talked about the benefit of writing, art, and wilderness therapy--client said they would not be able to get through the shame without an alternate way of communicating. Client also said some things aren't verbal and specifically after making a page in the alter book, client felt they were able to externalize and really be held in a new way.

Being aware of my perspective, I wrote the following in my first journal:

> I could feel myself looking for positive experiences of expressive therapy. However, I spoke very little and tried to reflect or comment on exactly what I was hearing. I'm grateful for the recording because it can help me unpack all that was said and take a look at the assumptions I made.

It was also essential to me from the beginning to honor the participants and work towards safety and care. I wrote after the first interview:

> I received an email from the counselor the day after the interview with some of her fears and worries. I am so thrilled to be interviewing this pair and I really hope I'm caring enough for their relationship and experience so they feel empowered and understood. I would hate if one or both are no longer interested in participating.

The second interview carried some of the same concerns that Lucy had emailed about after the first interview. Lucy had talked about feeling exposed and worrying about what I and other counselors might think of their work together. I wrote in my journal after the second interview:

> It was difficult for the counselor to talk (she said this, and it was apparent in her tone, body language, etc.). It was challenging to find ways to honor and respect her hesitation with sharing and also let her know the importance of getting her viewpoint as well.
>
> I feel a lot of empathy for both of them, but today especially for the counselor because of her struggle with sharing and feeling exposed and protective of their work. I also have learned so much from their work. I've tried new things with my own clients and really reflected on what has been helpful and ways to try that in my work with my clients.

I tried to acknowledge and address Lucy's concerns through email and during the second interview. I honored the vulnerability occurring and that Lucy and Tumnus would get to remove anything from the transcripts or later when I presented the themes. I also talked about my

appreciation and deep respect for their work and that I had no judgment towards their style and ways of working together.

The third interview seemed to be easier and lighter for both Tumnus and Lucy. I wrote in my journal afterward:

> It seemed like both participants were more comfortable during this interview. The client spoke more again which might have helped the counselor feel more comfortable. They both seemed less tense. Client talked about being in a bad place last time so perhaps client is feeling more stable right now.

The thread of gratitude continued. I wrote:

> I felt really grateful throughout this interview. I feel so lucky to a glimpse at this special relationship and all the work they have done together. I also thought it was so cool how the client said they would not be where they are without expressive therapy.

I also noted the theme of looking for the positive impact of expressive therapy. I wrote:

> I do think I'm looking for ways expressive therapy was healing instead of unhelpful or insignificant. But I think I managed that during the interview by asking few questions and when asking questions keeping them open and nondirective.

Reactions to Participants

Tumnus

I liked Tumnus from the very beginning. I am drawn to people who seem uninterested in following the social rules of being *nice* or *warm*. This is not to say that Tumnus was not either of these qualities, more to say that other qualities stood out to me when we first met. Tumnus seemed direct and understandably cautious with me. In my journal I stated:

> I felt a lot of awe and respect for the client. Tumnus reported being "prickly" and I found Tumnus to be open and interesting. I like clients who are fearful of therapy and are direct and honest about their apprehension.

I got the feeling that Tumnus was not concerned with whether I liked Tumnus, and I found that appealing. I wrote this in my reflection journal after meeting Tumnus, "I was so impressed with

how articulate the client was, the client seems self-aware and intensely grateful for the therapeutic relationship."

Lucy

Similarly to Tumnus, I liked Lucy from the beginning as well. I met Lucy at a coffee shop before starting the interview process so she could ask me questions and we could get a sense if it made sense to move forward with the interviews. Lucy was protective of Tumnus and wanted to ensure that the interview process felt safe and considerate towards Tumnus. I felt more confident about the safety and protection of the client during interviews knowing the counselor vetted me and the interview process. This confidence grew once I met with both Tumnus and Lucy for the first interview. It was easy to see their rapport and trust and that they were doing this together. Throughout the interviews, I felt great respect towards Lucy as a person and therapist. Lucy's warmth and care towards Tumnus was palpable. I found Lucy to be soft-spoken and intentional. I was drawn to the way she worked with Tumnus and felt we had similar therapeutic styles. Being aware of this, I tried not to assume Lucy's perspective. I do think the interview process was more exciting and intriguing for me because I could use some of what I was learning with my own clients.

Conclusion

Data analysis yielded 15 themes for the relationship between Lucy and Tumnus and 6 themes with three secondary themes for expressive therapy. Three themes arose that fell outside of their relationship and expressive therapy. The participant quotes illuminated the themes to provide descriptions for the readers to understand the experiences of a client and counselor's relationship as well as their experiences together with expressive therapy. The findings were organized into themes that described the client and counselor relationship, their experiences with

expressive therapy, and significant experiences outside of the relationship. The findings add to the existing literature related to the therapeutic relationship, expressive therapy, trauma-informed therapy, and counselor training and supervision. I discuss these findings in the next chapter and discuss ways the findings fit within the greater context of existing literature.

CHAPTER V

DISCUSSION

This chapter includes the results of the study, beginning with an overview of the data structure. I first provide the themes that correspond to each of the research questions, followed by a thorough discussion of the findings and potential implications of the results. Finally, the limitations of this study and ideas for future research are presented.

The Results as a Metaphor

A metaphor of journeying down a river surfaced while I sifted through the emerging themes and discussed the themes with a research consultant. This metaphor will provide the reader with a structural description of the themes to get a sense of how the data all fit together. I also discussed the metaphor with Tumnus and Lucy to ensure it fit for them. Overall, they reported that the metaphor fit. I incorporated the feedback they gave me, which was mostly more precise language to fit their wilderness therapy experiences. Below, I explain the metaphor in more detail with the hope of enriching the reader's view of the findings. This metaphor is made up of seven components, which include the canoe, propelling the canoe, landscape, river, obstacles in the river, pit stops, and weather. The canoe symbolizes the relationship that Tumnus and Lucy built. To propel the canoe to move in the river, Tumnus and Lucy used tools like a paddle, which represents the different types of expressive therapy used to navigate Tumnus's past and pain. The landscape symbolizes who Tumnus is and the past experiences of Tumnus, and the river represents the movement and change Tumnus has experienced with Lucy in the canoe. The obstacles, such as boulders and rapids, represent the landscape becoming more

visible in the river and Tumnus and Lucy navigating through and around the obstacles to process the trauma. The pit stops are the experiences that either Tumnus and or Lucy experienced outside of their therapeutic relationship. These stops impacted their relationship and Tumnus's process and are a significant part of their experience. All parts of the metaphor will be described in more detail below and in Appendix N is a piece of art to represent the metaphor.

The Canoe: The Complex Relationship of Tumnus and Lucy

The canoe represents the relationship created by Tumnus and Lucy. They built the boat from scratch and had to work together to create something that could hold both of them. All therapy is predicated on a therapeutic relationship. This therapeutic relationship only works if both the client and counselor are invested and engaged. Similarly, the canoe works most efficiently when both people are in sync and putting forth effort and energy. The canoe is built with a solid frame that is then wrapped with narrow strips to build the hull. Each strip must be laid with precision and intention, and the builders must do this repeatedly. Similarly, Tumnus and Lucy's therapeutic relationship was developed with a solid frame of trust and safety. Lucy built a frame of trust and safety by laying strip after strip of attunement, authenticity, willingness, vulnerability, understanding and care, encouragement, creativity, mutuality, love, mattering, feedback, and corrective emotional experience. Tumnus supported and contributed to the process of laying the strips by also putting energy and effort into the relationship. The boat buoys them on the water so they can navigate the river. The canoe had to somehow get into the water to move. The canoe needed to move along the river, which symbolizes change and growth. They were able to do this with the use of the paddles, sails, rutter, and propeller, which will be described related to their therapeutic experience in the next section. The river is tricky to navigate and is ever-changing, which will be described later as well. By building a solid canoe

and putting it on the river, Lucy and Tumnus started their therapeutic journey towards change and growth.

Propelling the Canoe: Expressive Therapy

Expressive therapy provides the foundation for the tools that Tumnus and Lucy use to navigate the river, such as a paddle, a motor, and tie-offs to anchor. Tumnus and Lucy use many different types of tools depending on what is coming up in the next section of the river. There are times that they need to slow the process down and hang out in the water, so they throw out an anchor. There are other times that they move more quickly by paddling together downstream. They have many choices for navigation to support their boat and their journey together down the river. Water flows downstream in a river in a complex pattern of fast rapids, slower flat water, eddies that take you upstream, etc. Healing and integrating one's past also follows a dynamic path where sometimes healing happens quickly, like in a rapid, and sometimes prolonged, like when in flat water, and sometimes healing is a spiral, like in an eddy. Like a good river guide, Lucy needs to read the river and intentionally chose a method of propulsion to help manage the different currents. When things are moving quickly, as in a rapid, Lucy and Tumnus can use small strokes with their paddles to ensure the canoe makes it safely through the rapids. When things are moving more slowly, as in flat water, Lucy might choose a more robust method of propulsion, like a motor. Sometimes, on a river or a therapeutic journey, you need to catch your breath; these times, eddying out can provide the time and perspective needed to scout the river. In this metaphor, paddle strokes are routine therapy sessions--consistent, reliable, and safe. The more in-depth expressive wilderness trips would be the motor that accelerates the canoe down the river. Eddying out allows Tumnus and Lucy time to reflect and integrate where they have been and allows them to scout their next session.

The River: Change and Evolution

The river is the change, movement, and processing of Tumnus's trauma. The river represents growth and working towards an integration of Tumnus's past so that Tumnus can be open to meet the future (just as a river will eventually open up as it reaches the sea). The river, at times, is shallow and Tumnus and Lucy play together and connect to their younger selves. This playfulness was a therapeutic approach to integrate a childhood that often required the protective skill of disassociation. At other times, the river is deep and dark when Tumnus is processing more painful parts of Tumnus's trauma. Rivers start as small mountain streams, and as such, there was not a lot of room or space to explore as Tumnus established safety within the relationship. Tumnus was alone in the landscape with limited access to the river before Tumnus and Lucy built the canoe and used the paddles. They both increasingly trusted the canoe (their relationship) and their ability to navigate the river because their canoe had held up during past storms and rapids. Accordingly, the river started to widen. Based on intentional paddle strokes, tie-offs, and the occasional motoring through a stretch of flat water (varied expressive therapy techniques), Tumnus and Lucy found themselves with more space, energy, and ability to continue to heal and grow. All rivers eventually lead to the ocean, which signifies a vast openness and depth. This vast openness and depth represents a wholehearted outlook on an integrated life.

The Landscape: Tumnus's Experiences and Personhood

The landscape around the river represents Tumnus as a human and Tumnus's history. The land came before the river and the canoe. The land shaped Tumnus, and now Tumnus and Lucy are passing through the land while on the river. The landscape represents aspects that make

Tumnus who Tumnus is and shows Lucy and Tumnus where to go. Lucy takes her cues from Tumnus; Tumnus decides where the river flows based on how the land evolved and is evolving.

The Obstacles (Rapids and Boulders): Externalization

Rivers have obstacles, such as rapids, boulders, and driftwood. At different water levels, these obstacles could be hidden or more exposed. The obstacles represent Tumnus's internal world becoming more externally visible. This is due to Tumnus and Lucy propelling themselves down the river with expressive therapy, at the right time, to make these often-internalized traumas more visible. When Tumnus's past traumas break the surface of the water, then Lucy and Tumnus together can be more aware and navigate the traumas and feelings more effectively. Tumnus and Lucy have used expressive therapy to navigate through many challenging obstacles in the river (trauma). Part of the trauma and pain that arises from CSA is the secrecy and the shame that occurs. Part of the healing occurs from taking the pain that has been internalized and externalizing it. This highlights the importance of Tumnus and Lucy timing their passage of the river carefully so that water levels allow obstacles (traumas) to be exposed.

The Pit Stops: Experiences Outside the Relationship

Pit stops symbolize the experiences outside of the relationship that are relevant and beneficial to the overall journey. In many ways, these pit stops rejuvenated Tumnus and Lucy, giving them energy and tools to continue the journey. There have been quite a few pit stops since Lucy and Tumnus started working together. These are incidents one or both have experienced outside of the therapeutic relationship. One pit spot for Lucy was supervision. Lucy received supervision specifically connected to supporting Tumnus. This seemed to be a stop that had some trees to sit under and a way for Lucy to rejuvenate. Lucy was able to load up on supplies

during supervision pit stops to take back to Tumnus to provide for them to resume their journey. Tumnus also had a pit stop with graduate school and Tumnus's experiences as a therapist. In the process of becoming a therapist, Tumnus also gained tools that helped with the journey down the river. Participation in this research was also a pit stop to reflect on their journey thus far. While Lucy and Tumnus did not define these experiences as pit stops, they did define them as impactful. River trips are hard and required breaks. I chose to use the term pit stops to continue to build the metaphor.

Lucy and Tumnus's therapeutic journey mirrors the hardships, challenges, and rewards of journeying down a river. Tumnus and Lucy have a complex relationship, and they have created opportunities for growth and healing with the use of expressive therapy. Below, I discuss how the literature connects to the data.

Research Questions

Research Questions 1 and 2 were as follows: What is the experience of an ASCSA in expressive therapy? What is the experience of a counselor working with an ASCSA using expressive therapy? These questions will be addressed together because Tumnus and Lucy's experiences of expressive therapy were similar. Tumnus and Lucy agreed throughout the interviews with the other's perspective on expressive therapy. Since they did not have different experiences, these two research questions were addressed together.

The data suggested that the use of expressive therapy created therapeutic opportunities for Tumnus, a finding which aligns with prior literature that the use of expressive therapies allows for focus on nonverbal brain regions where trauma is stored, which leads to more comprehensive processing of trauma (Baddock, 2008; van der Kolk, 2014). Expressive therapy created opportunities for increased awareness of and connection to the body, increased

attachment to self, increased connection to safe touch and comfort, increased connection to past experiences to integrate them, greater exploration of the depths of the trauma to heal, increased flexibility, increased playfulness, increased connection to feelings, and greater expression of feelings. Each of these themes and the subthemes will be discussed in later sections of this chapter.

As a reminder, Research Questions 3 and 4 were as follows: What is the experience of the counseling relationship for a counselor using expressive therapy with an ASCSA? What is the experience of the counseling relationship for a client with their counselor using expressive therapy?

The resulting data suggest that the experience of the relationship for both the counselor and client is complex, a finding which aligns with prior literature (Bachelor & Horvath, 1999; Beutler & Harwood, 2002; Greenhalgh & Heath, 2010). The aspects that contribute to the complexity of the relationship include attunement, advocacy, authenticity, openness, vulnerability, understanding and care, encouragement, creativity, mutuality, love, mattering, feedback, safety, trust, and corrective emotional experience. Each of these themes will be addressed later in this chapter.

Lastly, there are also findings from the interviews that do not answer the research questions but seem important to present. These themes are as follows: supervision, Tumnus as a therapist, and the interview.

Discussion and Implications

In this section, I discuss how the findings fit into the greater body of literature related to the therapeutic relationship and the use of expressive therapy in processing childhood trauma.

Also, what these findings implicate for the field of counseling, counselor education, clients and mental health.

Complex Relationship

I discuss the complex relationship between Tumnus and Lucy first because it is the foundation that allowed them to benefit from expressive therapy. While expressive therapy also facilitated the development of Tumnus and Lucy's therapeutic relationship, they both discussed that because of their relationship they could explore more expressive techniques. Tumnus and Lucy's therapy work and relationship intertwine and interrelate, and I believe it is important to set the stage of their relationship before moving onto their incredible journey of expressive therapy. Tumnus and Lucy need to be in the canoe before they can use their paddles or motor to propel themselves down the river.

The themes of attunement, authenticity, vulnerability, willingness, mutuality, understanding and care, and trust will be discussed first because there is overlap in the literature. These themes are a part of a larger concept called relational depth which is discussed after trust. Next, I discuss love and mattering, because these two themes are similar, and part of how Tumnus knows Tumnus matters to Lucy is by the love felt and demonstrated. These themes are followed by advocacy and encouragement and then feedback with safety. Last, I discuss the themes of creativity and corrective emotional experience in relation to the literature. As a reminder, a canoe represents the relationship created by Tumnus and Lucy. They built the canoe from scratch and had to work together to create something that could hold both of them. The canoe holds them so they can use their paddles and motor (expressive techniques) to propel down the river.

The relationship between Tumnus and Lucy is complex, and the relationship has been essential for Tumnus to process past traumas. Most, if not all, theories acknowledge the therapeutic relationship as the catalyst for change. This list includes different iterations of psychoanalysis (Barber, 2009; Gabbard, 2014), interpersonally-focused therapies (Mitchell, 1988; Samstag et al., 1998), client-centered therapy (Rogers, 1951) as well as more modern approaches, such as family systems (Friedlander et al., 2006), somatic approaches (Sultan, 2017), and feminist therapies (Werner-Wilson et al., 1999). All of these therapeutic modalities maintain that the effective establishment and maintenance of a therapeutic relationship requires the competent use of counseling skills, including listening, expressing empathy, showing positive regard, and validating clients to create change (Markin, 2014).

It is well established in the literature that the therapeutic alliance is essential for the client to heal and grow (Grencavage & Norcross, 1990; Lambert & Barley, 2001). The same was true for the relationship between Tumnus and Lucy. In social baseline theory, it is the sense of being *accompanied* that allows experiences and feelings to become easier and less painful (Beckes & Coan, 2011). Lucy accompanying Tumnus offered Tumnus some comfort while processing the pain of the past. How Lucy accompanied Tumnus will be described below in the context of the themes. Many themes relate to each other and build off each other. An example of this is Tumnus and Lucy had to be vulnerable with each other to experience mutuality and trust. Mutuality occurs when a relationship has a history of trust and authenticity (Jordan, 2001). Based on this data, understanding and care can lead to safety and more vulnerability.

Attunement

Attunement has often been researched by developmental psychologists with babies and young children (Papousek & Papousek, 1990). From the beginning, infants' sense when their

mothers are aware or unaware of their emotional state, and the infants respond accordingly with signs of pleasure or signs of distress. More recently, however, researchers have extended this research from the mother/child relationship to attunement in the therapeutic relationship. Attunement is subtle and researchers think it is unlikely that it is consciously noticed by client and counselor (Davis & Hadiks, 1994). Davis and Hadiks developed a scale to track position changes, gestures, and specific actions to determine relational processes in therapy. Their findings correlated with previous infant and mother studies suggest that greater attunement leads to connection and misattunement leads to distress.

Attunement is a concept that comes from the attachment theory and is described as the way a parent focuses on the internal world of their child (Siegel, 2007). When a child experiences attunement, it harnesses neural circuitry that allows two people to *feel felt* by each other, which leads to connected and vibrant relationships (Siegel, 2007). Siegel stated that attunement is the foundation for self-regulation and coherence of the mind.

The term cultural attunement, which is defined as a counselor seeking to take in and, to the extent possible, feel or understand the client's socioemotional experience also applies to this study (Hoskins, 1999). There are five processes for counselors to work towards cultural attunement: (a) acknowledging the pain of the oppression, (b) engaging in acts of humility, (c) acting in reverence, (d) engaging in mutuality, and (e) maintaining a position of *not knowing* (Hoskins, 1999). For Lucy to attune to Tumnus, she demonstrated acknowledgment of Tumnus's oppressed identities and experiences. Lucy talked about ways she acknowledged Tumnus experiences through art; "[making pages in Tumnus's altered book has been] really sweet, feels like a tangible way of showing that I care and understand." Lucy communicated verbally and behaviorally that she would learn from Tumnus and that she was not an expert in Tumnus's life.

Lucy said, “providing as much choice within the structure as possible, and cultivating a space of not knowing and experimentation.”

Reverence means a person thinks, acts, and listens from the heart and brings about wonderment and awe to their understanding of another person (especially how that person has created meaning in their life; Hoskins, 1999). Tumnus spoke about reverence as; “it feels like our first meeting [interview with Maegen] allowed me to reflect on where Lucy and I have walked together, and just how much she has given me.” Lucy showed reverence towards Tumnus by bringing awe to the relationship and a sense of honor. Lucy talked about the natural object she chose to represent their experiences and relationship after the second interview:

> I picked this one, it’s a dried wild iris. They come out early in the spring when the weather is still kind of harsh and they’re really beautiful and it just feels like a container for beauty to grow and then there is also some kind of spider’s nest in it . . . like supporting life, all kinds of different life. It sounds hokey but like the container that we’ve created, it just has so much space for whatever needs to happen to happen.

Lucy also said the following about reverence; “The time we have spent together has been intense, rich, meaningful and impactful, and we’ve both been deeply changed by it.”

Lucy and Tumnus both discussed at length the idea of mutuality during the interviews. It seemed to be a concept they both highly valued. Lucy and Tumnus were open and willing to impact each other. Lucy made the following comments in regard to being impacted by Tumnus; “This is one [soul card] I made about . . . like kind of belonging . . . being resurrected into a life of belonging. I shared this with you [Tumnus] that you are a part of that experience for me.” Lucy went on to say, “And this journal has quotes and poems and stuff in it and little messages from Tumnus in it and I used it on a trip while I was away for those six weeks. And when you gave it to me it was really touching, it made me cry.” From the initial session to years later, Lucy expressed to Tumnus that she did not know things about Tumnus’s identities and that she was

willing to put in the effort to learn and grow on her own and from Tumnus. The themes that are discussed below further demonstrate the attunement that occurred between Lucy and Tumnus.

Authenticity

Most counseling theories emphasize the importance of a counselor being authentic and responding authentically to a client (Rogers, 1951; Schnellbacher & Leijssen, 2009). For a survivor of CSA, authenticity in the therapeutic relationship might be even more essential because of the incongruence and manipulation that often occurred with the abuse. Authenticity or genuineness is crucial for therapeutic change (Schnellbacher & Leijssen, 2009). Rogers (1995) stated the more genuine he can be in a therapeutic relationship, the more helpful it will be. Rogers also defined genuineness as "the willingness to be and to express, in my words and my behavior, the various feelings and attitudes which exist in me" (p. 33). The counselor, being an authentic model, permits the client to also be authentic. It is within this context that therapeutic change can occur because of the truthfulness and congruence (Rogers, 1995). Other theories have added to Rogers's work, giving an even more detailed/broader view of authenticity within counseling which will be described below. It is also important to note that authenticity is interwoven with other concepts and, therefore, to understand authenticity, other concepts are included as well.

Relational cultural theory describes the therapeutic relationship as being built on mutual respect, honesty, vulnerability, and empathy (Jordan, 2001). These RCT concepts are highlighted in the themes that arose from Tumnus and Lucy's relationship, which include authenticity, vulnerability, mutuality, and understanding and care. Specifically, Jordan (2001) wrote the following about RCT:

> Mutual empathy is about cognitive-affective engagement in the therapy on the part of the therapist, about working with the impact of the patient on the therapist. But this, too, is not about totally spontaneous, authentic responding on the part of the therapist. This is about therapeutic authenticity and clinically informed responsiveness. (p. 98)

An authentic response is about being present and emotionally responsive (Jordan, 2001). This is echoed by Siegel (2007), who believes that authenticity involves presence, attunement, and the deep capacity to read nonverbal communication. Furthermore, Stiver and Miller (1998) proposed:

> Therapeutic authenticity is based on the development of an understanding of the patient, a caring about the impact of what we share on the patient, and careful clinical consideration based on our work, our understanding of what would be therapeutic for the patient. This understanding is gained through empathy and through having built a sense of the relational history of the patient, including the history of the therapeutic relationship. (p. 98)

Lucy was careful in crafting authentic therapeutic responses to Tumnus that she knew would further the therapeutic alliance. Lucy said the following about being authentic, “what you’ve [Tumnus] asked of me is to not hide behind a wall. You asked for me to be a three-dimensional person and that’s been challenging and good and I think helpful for both of us.” Lucy was authentic by being present and emotionally responsive to Tumnus. Lucy expressed the impact Tumnus had on Lucy; “I’ve shared with you how that things were happening between us were impacting different parts of me and different responses.” Lucy talked about the importance of being congruent and truthful with Tumnus. Lucy and Tumnus both worked towards expressing the different parts of themselves and then responding genuinely to each other’s parts. Tumnus said the following about the necessity of being authentic, “[I found with Lucy] safety and being able to share authentically and being accepted for that and not just accepted for that but actually appreciated for that.”

Another researcher and therapist who promotes authenticity is Lisa Dion, who wrote that authenticity is a counselor's ability to be aware of self and other with the willingness to express their internal states both nonverbally and verbally (Dion & Gray, 2014). More specifically, authenticity is not about the facts of the counselor's personal life or opinions, but about the counselor's disclosure of their internal state as it relates to the client (Dion & Gray, 2014). Dion and Gray conducted a study on the impact of a counselor's authentic expression on expanding a child's window of tolerance, the child's ability to tolerate emotion. These researchers found statistical significance between a counselor's authentic expression and the client's ability to demonstrate emotional tolerance and emotional integration. This is another way Lucy demonstrated authenticity towards Tumnus. Lucy talked about how she would describe her internal experience of Tumnus in any given moment in therapy. Tumnus said, "Lucy is willing and able to share about what parts I was bumping into of hers and how that process was happening and made this feel more real and more reliable. That made her more human and, in that sense, more important." As Lucy and Tumnus experienced this authenticity, Tumnus was able to express more of Tumnus's internal experience and tolerate a wider range of emotion.

Vulnerability

Vulnerability has become a common term, in part, because of the research by Brené Brown. B. Brown (2015) defined vulnerability as "uncertainty, risk, and emotional exposure" (p. 34). She further elaborated that vulnerability is the act of truth-telling and being courageous. It is the experience of exposure and risk that leads to connection. Vulnerability in the therapeutic relationship has been shown to promote growth, and many major therapeutic orientations encourage counselors to have genuine emotional presence and responses (Alves de Oliveira & Vandenberghe, 2009). Vulnerability by the counselor is necessary for counselor authenticity and

congruence, which creates a sense of safety (Dion & Gray, 2014). Counselors have reported the experience of enhancing the therapeutic process when they take the risk of disclosing their personal feelings in regards to the client, even if the feelings were negative (Alves de Oliveira & Vandenberghe, 2009). These researchers also found the necessity of the client having an impact on the relationship and the counselor's ability to manage their feelings while working through the relational experience with the client (Alves de Oliveira & Vandenberghe, 2009).

Counselor self-disclosure often necessitates the counselor being vulnerable. Self-disclosure is considered the intentional sharing of personal information as a therapeutic tool. This concept has been widely studied and is typically incorporated into counselor training (Chen & Giblin, 2017; Geroski, 2017). For this study, although counselor self-disclosure was not a specific theme I explored, it is sufficiently connected to the idea of counselor vulnerability that discussion is warranted. Counselor self-disclosure can be therapeutic when clients are discussing important personal issues and clients perceive self-disclosure as normalizing and reassuring (thus inducing new insight or perspective; Knox et al., 2001). As emphasized in the humanistic framework, self-disclosure is an interpersonal process that promotes authenticity, client disclosure, trust, knowledge, and increased intimacy and healing (Jourard, 1971; Rogers, 1951). Lucy described using self-disclosure with Tumnus when she deemed it therapeutically relevant. An example of this is Lucy talking about her graduate program and training to Tumnus because it was similar to Tumnus's and it was something that connected them.

Vulnerability by the client goes hand in hand with counselor vulnerability. In a study performed by Straker and Becker (1997), the researchers demonstrated that vulnerability allowed the clients to experience a full range of emotions and induced significant insight and healing. In the study, the clients were encouraged to talk about their feelings and allowed to be vulnerable

with the counselor. As Tumnus took risks with being more vulnerable, Tumnus was able to experience a wider range of emotions, such as grief, anger, and love. A specific example of this was Tumnus sharing increasingly more in Tumnus's emails to Lucy about things Tumnus experienced an immense amount of shame around. Tumnus talked about the vulnerability of sharing more and that it eventually led to a greater sense of safety, connection, and emotional expression. Tumnus gave a specific example of vulnerability with making cookies; "several sessions I tried to bring cookies to Lucy but I couldn't, I was afraid that she might judge me or she might reject my cookies and then I would be hurt and then I finally did."

In RCT, mutual empathy is a necessary attribute of the therapeutic relationship. Mutual empathy is defined as an openness to being affected by and affecting the other person (Jordan, 2001). This openness includes mutual respect, an intention for mutual growth, and an increased capacity for connectedness. Mutual empathy occurs when both people experience and feel that they are responded to, have an impact, and matter to one another. RCT uses the term *supported vulnerability*, which is defined as a feeling that one's vulnerability will not be taken advantage of or violated, and this is essential for mutual empathy (Jordan, 2001). Lucy and Tumnus developed supported vulnerability with each other over time. Tumnus would take risks to express something vulnerable and then experience Lucy being open, nonjudgmental, and compassionate towards the vulnerability. As this occurred, over time Tumnus began to trust that Tumnus's vulnerability would not be taken advantage of. Similarly, Lucy took risks of vulnerability by sharing her internal world and experience of Tumnus, and Tumnus took in Lucy's perspective over time and did not take advantage of it. Lucy stated, "I have been more transparent, vulnerable, and emotionally intimate with Tumnus." The next theme, mutuality, is closely tied to

mutual empathy, and as just stated, vulnerability is a necessary component of mutual empathy. This is another example of the themes being intricately linked with each other.

Mutuality

Mutuality in RCT includes the idea that a therapeutic relationship requires respect, impact upon each other (client and counselor), and openness to being changed by the other. The RCT theory was shared by Lucy early on in the interview process. Lucy talked about the concept of using mutuality with Tumnus, and basing some of the therapeutic approach on RCT theory. Jean Baker Miller (2012) writes that if both people are not growing, then neither person is growing. This viewpoint means that it is the responsibility of the counselor to pay attention to the growth of the client, not to receive caretaking from the client. The counselor must open themselves up to being impacted and changed by interactions with the client or real growth will probably not occur for the client. Mutuality in RCT does not mean "sameness, equality, or reciprocity; it is a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible" (Miller & Stiver, 1997, p. 43). Relational cultural theory is grounded in the concept that both counterparts in an effective therapeutic relationship will experience mutuality with more aliveness, clarity, and sense of possibility. The relationship is "one of deep respect and mutuality; it is about an engaged and responsive way of listening and participating in the relationship" (Jordan, 2001, p. 96). Lucy and Tumnus described mutuality throughout the interviews. Specifically, they talked about how they had both grown in their relationship together and that they had a deep connection with acknowledgment and awareness that they impacted each other. Lucy reflected on the connection:

> I feel very surprised about where we started and how far we have come together, how much trust we have built, and how we have both grown more and more into the people we each needed as children. In some ways it feels like this relationship has built itself based on each of our healing instincts and we have just followed where we've been led. I've tried to continually take the perspective that all relationships are a path towards growth, especially a relationship as complex, difficult and beautiful as this one.

The concept of mutuality is also a foundation of person-centered therapy. Rogers and Koch (1959) described the therapeutic relationship as consisting of bidirectional, reciprocal, and mutual interaction between client and counselor. In a more recent academic discussion related to mutuality and the person-centered approach, relational depth was incorporated. As discussed in further detail below, experiencing relational depth requires the full person of the counselor in relationship with the full person of the client (Ray et al., 2019). To achieve relational depth, the counselor uses vulnerability and emotional disclosure when therapeutically appropriate and both the client and counselor are invested and impacted by each other (Ray et al., 2019). Lucy described how she was vulnerable and used emotional disclosure as described previously. Lucy was impacted and invested in Tumnus from the onset of therapy. Lucy described an email she received from Tumnus after their first session in which Tumnus gave feedback on what Tumnus would need moving forward in the therapeutic relationship. Lucy responded to Tumnus with ways she would work to meet Tumnus's needs. Lucy also replied with the emotional impact she had already experienced from Tumnus, such as anger and hurt for Tumnus's past experiences.

Understanding and Care

Counselors need to understand their clients and be able to display their understanding. These two themes are put together because they seemed to connect in the research. For Lucy to show Tumnus that she understood Tumnus, Lucy displayed care towards whatever it was she was understanding. This theme of understanding and care ties closely to empathy. Many definitions of empathy exist, but in general, empathy is the idea that a counselor identifies with

the emotional experience and expression of the client and, therefore, can feel what the client feels. The counselor understands and connects to the client's reality, including their emotions, cognitions, and behaviors (Stepien & Baernstein, 2006). Furthermore, the counselor must find ways to show a client that they are empathizing. It is not enough to just understand a client, a counselor needs to find ways to express to the client that they understand. Lucy described the importance of empathizing with Tumnus's survival strategies.

> I think this came out in the sandtray, where we showed my efforts to meet the client's prickly protector monster with a gentler cat side of me while I turn my lion fierceness into a protective force for the benefit of the client rather than trying to use it to force them into doing or being something other than who they are in that moment as many others in their life have done.

Relational cultural theory promotes the significance of a counselor understanding an individual's strategies for avoiding connection. This includes sensitivity to a client's need for these strategies and the deep fear of being without them (Miller & Stiver, 1997). The developed strategies are ways of staying out of the connection. A counselor understands that the only relationship that had been available to the client was somehow disconnecting and violating. Therefore, it is clear to the counselor why the client developed the strategies (Miller & Stiver, 1997). This is just one of the ways Lucy understood and cared for Tumnus, which aligns with the RCT concept of empathizing with the survival skill developed through trauma.

Empathy is necessary throughout the therapeutic process for growth and change (Clark, 2010; Elliott et al., 2011; Sinclair & Monk, 2005). Similarly, the common therapeutic factors of empathy, warmth, and the therapeutic alliance correlate more highly with positive therapeutic outcomes than any specific type of treatment (Grencavage & Norcross, 1990; Lambert & Barley, 2001). Empathy is widely viewed within counselor training as a desirable personal characteristic

and a major component of clinical skill and client satisfaction (Clark, 2010; Elliott et al., 2011; Rogers & Koch, 1959).

It was essential for Tumnus to feel understood by Lucy but also to feel care from her. The term *care* has many definitions, but in this research, it demonstrates concern, responsibility, and or love for someone. Noddings (2013) writes that, as humans, we want to care and be cared for, meaning to have regard or inclination towards someone. Moreover, to care means to have regard for what someone thinks, feels, and desires. Noddings (2013) stated, "When the other's reality becomes a real possibility for me, I care" (p. 14). Lucy and Tumnus both found ways to believe each other's reality, even when their realities differed from each other. Lucy said the following about the messy process of working towards understanding and connection; "I also felt slightly uncomfortable yesterday with so much focus on how I've been a good fit for this client. While this is true, it also has been a clunky process that has required messiness, mistakes, repair and humility."

There seems to be a limited amount of research in the therapeutic realm around the term *care* or *care for the client*. However, caring is an aspect of many of the other themes. Mutuality, love, and mattering all involve caring. It was not that just Lucy cared for Tumnus but Tumnus also cared for Lucy, and, therefore, their relationship was mutual. One way we experience love is through care, when others can express care for our reality. The theme of love will be described in further detail later in this chapter.

Willingness

Less research is seen in the literature related to the theme of willingness as compared to other themes arising in this study. Below, I discuss therapists and providers who discuss the

concept of willingness in their work. This includes how willingness ties to the concepts of openness, trusting uncertainty, and humility.

Siegel wrote about the acronym COAL, which stands for curiosity, openness, and acceptance leads to love. I speak about the other qualities of the acronym when they apply below. The theme of willingness from Tumnus and Lucy's interviews speaks directly to Siegel's term of openness. Siegel (2010) described openness as "cultivating the receptive states within ourselves that rest beneath the surface layers of judgment and expectation" (p. 102). Siegel stated that we need to monitor our internal reactivity and develop the ability to accept our emotional reactions to do this for others. It seems that Lucy and Tumnus created this ability together, and both actively worked towards openness in their relationship.

In her book, *Collaborative Therapy: Relationships, and Conversations that Make a Difference,* Harlene Anderson (2007) discussed the importance of having a collaborative relationship. More specifically, she stated that a counselor has to trust uncertainty in the work and being open to the unforeseen change that arises. Anderson stressed that therapy is improvisational, and the successful therapist strives to be open to responding to the client in the moment as the relationship and experience unfolds. To have this ability, a counselor must trust themselves and their client (Anderson, 2007). Lucy and Tumnus both discussed the creativity and openness to trying new things together in their therapeutic work. They displayed willingness and trust through experimenting with different techniques and being open to their experiences as they happened in any given session. Lucy said, "that's even more accentuated in the river trips which in terms of like having to rely on each other and be in a relationship with each and work really well together, communication and getting through adversity, feeling like we're doing it together, that's a more of an intense experience."

Lastly, the concept of willingness uncovered in this study appears similar to the concept of humility. Humility is not a trait researched often in therapy, but client willingness, readiness, motivation, and commitment to change connects to humility (Rowden et al., 2014). Exline et al. (2004) defined humility as "a nondefensive willingness to see the self accurately, including both strengths and limitations" (p. 463). The concept of humility includes the wisdom to be open to learning from others and a willingness to take responsibility for mistakes as well as the ability to value others without devaluing yourself. The theme of willingness identified by Tumnus and Lucy can be thought of as a component that leads to or complements humility. Humility displayed by the client facilitates progress and can promote responsibility and awareness (Rowden et al., 2014), and humility displayed by the counselor can facilitate the relationship and lead to better outcomes (Mosher et al., 2017). Lucy described an experience of humility:

> Where I had said something and your younger parts had felt upset about it and then we were on the way back from the [wilderness trip] and the opposite happened where you said something that impacted my younger parts. And for me it was cool for us to both to have done the "wrong" thing to the other person and both gotten to see the impact and got to feel from the inside kind of like, "Oh, yeah, I did that thing and that's how it impacted you" and you did the same thing and that's how it impacted me." It felt just really humanizing.

Although willingness and humility are related, they are not interchangeable terms. Willingness was a theme that emerged in this study that is a unique contribution to the literature and will be discussed more in the future research section. Lucy and Tumnus both spoke about their willingness to try new things in therapy and be open to not knowing what comes next. Lucy was open to Tumnus guiding the way because only Tumnus could know what experiences needed to be processed and healed. Tumnus was willing to learn from Lucy and try things that she suggested. Lucy talked about noticing Tumnus shift from protective to more open, "I think when we started to shift to doing outdoor sessions and started going to [location] more regularly

that's when it felt to me like you shifted to more willingness to being with stuff when we were doing it outside."

Trust

Much of Judith Herman's (1997) work on recovery from trauma involves the concept of trust; when trauma is experienced, especially interpersonal trauma as children, trust in others, ourselves, and the world is lost. Therefore, a major component of healing from trauma is reestablishing trust in oneself, others, and the world (Herman, 1997). Herman emphasized the importance of truth-telling which helps build the necessary trust to create a sense of safety in the therapeutic relationship. Lucy and Tumnus discussed how Tumnus slowly started to trust Lucy because of Lucy's ability to be congruent, truthful, and nonjudgmental. As Tumnus's trust in Lucy increased, Tumnus was able to explore trusting themself.

In Eric Erikson's (1984) theory of psychosocial development, the first stage is trust vs. mistrust; in this stage, a child learns if it is safe or unsafe to trust caregivers and the world. Erickson defines trust as one's assured reliance on another person's integrity. Peschken and Johnson (1997) explored if a counselor's trust in their clients connected to the counselor's facilitative attitudes of empathy, positive regard, unconditional regard, and congruence. They found that counselors who trust their clients are more likely to demonstrate facilitative attitudes. Furthermore, clients' ability to trust their counselors was correlated with the counselor's facilitative attitudes (Peschken & Johnson, 1997). In other words, trust between client and counselor is positively linked to the counselor's ability to show empathy, positive and unconditional regard, and congruence. This research reinforces how the themes of understanding, vulnerability, and authenticity intertwine for Lucy and Tumnus to develop a trusting relationship. Lucy gave an example of Tumnus's trust in her, "during this session, Tumnus asked me to follow

my instincts (which in this case were to lean in and offer missing experiences).” Lucy also spoke about the trust they have built together, “I feel very surprised about where we started and how far we have come together, how much trust we have built.”

More specific to ASCSA, the counselor’s work involves supporting the client in trusting the client’s internal sensing and world (G. Fisher, 2005). This promotes connection to oneself, which is necessary for processing and healing. As Lucy showed trust and belief in Tumnus’s experience, Tumnus started to trust that Tumnus’s internal sensing of the world was accurate. This led to processing and feeling the things Tumnus had experienced growing up, and that Tumnus could start moving through the world trusting that Tumnus’s internal perceptions and feelings were real and important. Tumnus spoke about developing more self-trust and working towards “a place where I can actually be the one re-parenting my younger parts as opposed to needing that to constantly come from [Lucy]” and Tumnus said, “[experiential and expressive therapy] allows me to integrate more so that I’m existing in the world as the truest, wisest version of myself.”

Love

Lucy shared blogs and resources that she and Tumnus used to inform their relationship. This included the anecdotal experiences of counselors discussing their love for their clients. Martha Crawford, a well-known trauma therapist, stated the following in a 2012 blog post: “Love, in all its forms, ineffable and undefinable, is the oil that suspends the wheels and surrounds the entire mechanism so that therapeutic work can take place at all.” Emma Cameron (2017) talks about all the different ways she loves her clients:

> Do therapists love their clients? Yes. Not always. Not only. Not just. But love is very often there, playing out in different ways. Love is a word that can incorporate so many layers, vagaries, and characteristics. Love can be hope. Love can be a fountain of creativity. Love can be a tender, vulnerable sweetness.

As previously described, Siegel (2010) wrote about COAL. He described the components of the therapeutic relationship including compassionate concern, genuine interest and engagement, and mutual influence that each person has on one another, which leads to a felt sense of love. Lucy and Tumnus both described the love they had for each other and the ways that love lead to connection and healing. Tumnus said, "to me, that's the word [love] that is missing [from our conversation]. It's not about reciprocity or transparency as much as it's been about being loved and loving, too." Lucy reiterated this with, "I feel like I love lots of my clients but it's a different . . . like I think I love them from like one or two parts of me, it's more one or two dimensional [the love with Tumnus is more dimensional]."

Mattering

RCT emphasizes the importance of a client feeling like they *matter* in the therapeutic relationship. The counselor remains empathically attuned and caring about the well-being of the client, unlike the original caregiver or abuser who might have withdrawn, retaliated, or denied the client's feelings. The client should feel like they have had an impact on the therapist because they *matter personally* to the therapist (Jordan, 2001). Generating this feeling in the therapeutic relationship helps the client to rewrite the previous narrative of their relational insignificance and facilitates emotional healing and growth (Jordan, 2001). Lucy expressed to Tumnus that Tumnus mattered personally to Lucy. Lucy did this in many ways from the beginning of the relationship on. A few examples include Lucy visiting Tumnus during hospitalization, making a thoughtful gift for Tumnus, and verbally expressing to Tumnus that Tumnus mattered to her. More specifically Lucy said:

> What you've [Tumnus] been saying has been really impactful and I've actually had tears in my eyes and it feels like those moments have been really important. Kind of letting myself be touched by you, like that sense of belonging or mattering or knowing your impact feels important.

Tumnus agreed with Lucy and responded with, "[it's] not just a therapist being willing and able to do that for me but just a person in general like showing up for me like that in life."

Relational Depth: A Concept that Ties all the Themes Together

Relational depth is a concept that is transtheoretical and focuses on the facilitation of profound relationships between counselors and clients (Mearns, 1996). Clients and counselors report that relational depth is composed of the following deep relational experiences: love, connectedness, respect, transcendence, and mutuality (Wiggins et al., 2012). Clients experiencing relational depth described their counselors as real, competent, caring, fully attentive, open and adaptable, unobtrusive, and capable of handling intense client material (McMillan & McLeod, 2006). A therapeutic relationship that has relational depth is transformative in and of itself and requires counselor vulnerability, relational mutuality, and intimacy (Ray et al., 2019). Relational depth promotes intimacy, authenticity, mutual engagement, and mutual acceptance within the counseling relationship, so it expands far beyond the concept of *working alliance* (Wiggins et al., 2012). The themes resulting from this research appear to combine under the umbrella of relational depth.

Advocacy

Multiple Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards apply to the theme of advocacy. The first CACREP standard that applies is under professional counseling identity F.5.k, which states that counseling programs must have strategies to promote client understanding of and access to a variety of community-based resources. Another standard that fits with the theme of Lucy's advocacy is under professional counseling identity F.5.m, which states that crisis intervention, trauma-informed, and community-based strategies, such as psychological first aid, are mandatory. Another relevant

CACREP standard is under professional counseling identity F.3.f and i, which promotes that programs must provide (f) systemic and environmental factors that affect human development, functioning, and behavior and (i) ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan. This case study shows that CACREP standards are consistent and training programs are important in clinical work.

Similarly, the code of ethics the American Counseling Association includes a clause on advocacy: A.7.b. Confidentiality and advocacy counselors obtain client consent before engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward the removal of systemic barriers or obstacles that inhibit client access, growth, and development. Again, it is a part of the role of a counselor to advocate on behalf of a client to increase access and decrease barriers. Sosin and Caulum (1983) define advocacy as:

> An attempt, having greater than zero probability of success, by an individual or group to influence another individual or group to make a decision that would not have been made otherwise and that concerns the welfare or interests of a third party who is in a less powerful status than the decision-maker. (p. 13)

Based on this definition, it seems Lucy advocated for Tumnus. Both mentioned ways that Lucy went outside of the counseling time to find and obtain resources for Tumnus. One example of this is when Lucy worked with Tumnus's insurance company to receive access to a mental health facility when Tumnus was suicidal. In these ways, Tumnus would not have had the experience that Tumnus did without Lucy's advocacy. Lucy also had a more powerful status than Tumnus to advocate for Tumnus's needs and well-being. Tumnus said the following about Lucy's advocating:

> And a lot of it I don't know how to say, there aren't really words . . . and so one of the things that Lucy helped me with was I was able to write about a lot of the stuff on the intake form and instead of me having to go through all of that shit again when I got connected to my psychiatrist here, Lucy contacted the psychiatrist and did a lot of that footwork for me so I didn't like have to keep going through the same thing.

Two psychological theories that also incorporate advocacy are feminist theory or perspective and multicultural theory. Feminist theory conceptualizes problems as the way people cope with oppressive circumstances, and counselors need to attend to the oppressions and advocate for freedom or movement away from the oppression when possible (Enns, 1997). Multiculturalism and social justice also promote counselors advocating on behalf of their clients and marginalized groups for more equitable systems (Brady-Amoon, 2011). Based on these perspectives, Lucy embodied an aspect of what it means to be a counselor. Lucy said the following about advocacy:

> I remember when you [Tumnus] asked me to write a letter for you for "University," that felt like a big piece of trust in me that I could advocate it for you to get that, that felt like a big thing. And the first time I'd written anything for you without pronouns and I was like, "I've got to make sure I do it right."

Lucy strove to support Tumnus in gaining access to resources, and then while Tumnus was hospitalized, Lucy advocated on Tumnus's behalf for the staff to use accurate pronouns and be trauma-informed.

Encouragement

One of the first psychologists to discuss encouragement was Alfred Adler (1956), who considered it an essential feature of human development and any therapeutic treatment. Since Adler, Adlerian scholars have broadened the concept of encouragement (Wong, 2015). Dinkmeyer and Losoncy (1996) provided a comprehensive definition that is frequently used: "encouragement is the process of facilitating the development of a persons' inner resources and courage toward positive movement" (p. 7). Lucy did this by teaching Tumnus ways to build internal resources, such as having protectors and a calm place (resourcing for EMDR), as well as found ways to create movement in the therapeutic relationship. (I will expand on movement later in the expressive section of this chapter.) Tumnus reflected on Lucy's encouragement with an

example of a outdoor session where Tumnus was stomping on pinecones. Tumnus said, “Lucy was like, “Good job, way to get it out” (laughs), “That’s a good way to express how you’re feeling and allow that energy to move through you’.” Another way of encouraging includes a person inspiring or helping others toward the idea that they can work on finding solutions and cope with any predicament (Sweeney, 2009). Even when Tumnus was experiencing hopelessness and helplessness before and during Tumnus’s hospitalization, Lucy sent the message through behavior and words that Tumnus could find solutions and ways of coping with the pain and despair. Tumnus said, “I was making agreements to Lucy almost like . . . the relationship between the two of us was being leveraged and not in a bad way but “we’ve come this far, can you trust me?” and obviously, then Lucy has to put all her trust in me, too, because I’m high risk and suicidal and all of that.” Lucy was able to encourage Tumnus during an intensely painful time and let Tumnus know she believed they could figure it out and Tumnus would be okay. Another way encouragement can be defined is as a nonverbal perspective that communicates esteem and worth towards an individual (Nikelly & Dinkmeyer, 1971). Again, Lucy nonverbally demonstrated her belief in Tumnus’s worthiness. I have written how Lucy has done this throughout this chapter, but one explicit example was Lucy showing up at the hospital and being present for Tumnus. In this way, Lucy sent the message to Tumnus that Tumnus had worth, value, and mattered.

Furthermore, Adlerian scholars described encouragement through the essential features of a fully functioning person (Wong, 2015). The four features of encouragement are (a) a positive view of oneself, (b) a positive view of others, (c) being open to experiences, and (d) a sense of belonging to others (Evans et al., 1997). In some ways, this overlaps with the description of healing from trauma. As one processes and heals from their traumatic experience/s they develop

a relationship with themselves, their lens broadens and people are viewed more accurately, they develop more trust for exploration and risk, and they create connection and community (Herman, 1997; van der Kolk, 2014). Lucy and Tumnus discussed how, over time, Tumnus found ways to connect with Tumnus's body and internal world (positive view on oneself), view Lucy as positive (positive view of others), take risks and adventures in therapy and outside of therapy (open to new experiences), and find meaningful work and community (sense of belonging to others).

Creativity

Throughout my career as a counselor, I have heard professors and supervisors comment that therapy is an art, not a science. I have found that, to be an effective counselor, I must flow with what comes up organically in any given moment in therapy--something that is difficult to quantify and measure and cannot be recreated step-by-step from any therapeutic manual. RCT describes creative moments as an experience in therapy when something new happens that leads to growth and propels the relationship towards healing and expansion (Stiver et al., 2008). Gestalt therapy also values the idea of *the experiment* in therapy, which means to invent and discover opportunities in therapy that lead to solutions and meaning-making (Mosher, 1979). This involves playfulness, creativity, and experimentation to create an opportunity for support with risk (Mosher, 1979). Creativity and improvisation can promote therapeutic change (Pagano, 2012) because they allow for spontaneity, movement, and attuned response in any given moment. Lucy spoke about the spontaneity and experimentation in the following statement, "much of this process, this work has felt intuitive, instinctual, responsive, and experimental."

Lucy showed her creativity through creating experiments as they emerged in a session. An example of this was when Tumnus and Lucy were going for a walk and Tumnus was

stomping on pinecones. Lucy joined Tumnus on stomping and voiced the experience with, "Good job, way to get it out" and "That's a good way to express how you're feeling and allow that energy to move through you." Another example was when Tumnus and Lucy found an old log that Tumnus climbed under and Lucy chose to follow. In this fort-like space, Tumnus and Lucy created an experience of child-like adventure and connecting to the earth. In both examples, Lucy could not have prepared or created these experiences, instead, she followed Tumnus's lead and then used some of her creativity to further the therapeutic moment.

Feedback

An aspect of a counselor's role is to provide interpretations or feedback that others in the client's daily life may be unable or unwilling to disclose (Goldfried et al., 2003; Kiesler, 1988; Tsai et al., 2009). This means that a counselor must be self-aware enough to use themselves as barometers for how people might experience a client (Hill et al., 2007). This comes with the challenge that a counselor must be aware and manage their strong reactions to the client because their reactions could interfere with their ability to support the client (Hill et al., 2007). As Tumnus stated:

> I don't feel like I have generally a very good concept of understanding how I impact other people and that was something that I kept asking for from Lucy, like a better understanding of how what I was saying or doing or not doing was impacting her, like a better understanding of how I show up in a relationship.

This example aligns with the literature that clients can benefit from feedback from their counselor on how the counselor experiences the client.

Safety

Badenoch (2017) stated, "a felt sense of safety is the bedrock of healing trauma" (p. 9), and this is reiterated among trauma researchers and practitioners (Courtois & Ford, 2012; Herman, 1997; van der Kolk, 2014). Herman (1997) developed the stages of therapy for trauma

survivors, of which the first is safety. Herman stated that safety is essential to the process of healing, and this has been echoed in the theory of trauma-informed therapy that has developed since Herman's work. As Courtois and Ford (2012) described in their book *Treatment of Complex Trauma*, people who have experienced trauma have been made to feel unsafe emotionally and physically. Therefore, an initial goal in treatment is creating safety in the client's life and the therapeutic relationship (Courtois & Ford, 2012). Badenoch (2017) stated that the client's felt sense of safety is the foundation of healing trauma. Carter and Porges (2013) described how our nervous system works with our moment-to-moment expression that then instinctively offers us a sense of safety or danger. We feel safe with someone else when our nervous system gives us the subconscious or unconscious message that their expression, voice, tone, and body are congruent and present. This sense of safety is essential to building and maintaining a relationship to treat trauma (Badenoch, 2017). Tumnus and Lucy have accomplished all they have in therapy because of the foundation of safety in their relationship. Lucy talked about "safety as the foundation to their work." They also worked on Tumnus developing a sense of safety within through resourcing and grounding, which furthered Tumnus's ability to feel safe with Lucy. Lucy provided a regulated nervous system through being consistent, congruent, and present, which allowed Tumnus's nervous system to experience the felt sense of safety.

Competence and responsibility were qualities in Lucy and Tumnus's relationship that created safety. There are two components to the therapeutic relationship, one is art and the other is knowledge. I have discussed in much of this chapter the art of Lucy and Tumnus's relationship: rapport, empathy, trust, valuing clients, listening, and understanding (Nystul, 2016; Wedding & Corsini, 2014). The knowledge component includes the counselor's knowledge of

theories, development, multiculturalism, and intersectionality as some examples (Nystul, 2016; Wedding & Corsini, 2014). Lucy demonstrated competence by her knowledge of trauma, continuing her education on Tumnus's marginalized identities, and attachment theory. Tumnus explained one way Lucy demonstrated trauma competence:

> Like there is this common misconception in trauma work in order to heal we have to say old stories out loud and I know in my own training we talk a lot about with clients, it's possible to heal without ever have said your story. It actually can be more traumatizing to have to keep saying it over and over again yet that's what the mental health system is set up to do like 'tell your story over and over again.

Tumnus explained that in this way Lucy was aware of the being trauma responsive and not having Tumnus retell Tumnus's trauma history.

Tumnus talked about letting Lucy know from the beginning of their relationship what Tumnus needed from Lucy around responsibility and competence. Tumnus said, "I'm bringing these [micro aggressions] to your attention because I need it to be your responsibility to learn these things that commonly happen as it relates to people from the communities I belong to and not expect me to teach you that along the way." Lucy demonstrated competence through cultural attunement, feedback, and advocating for Tumnus.

Another researched concept related to the idea of competence is cultural competence, which is defined as a counselor developing skills for appreciating, understanding, and interacting with people whose experiences and beliefs can differ from the counselor's because of diverse factors, such as race, ability, and gender identity (Dunn & Andrews, 2015). Lucy demonstrated cultural competence through awareness of her privileges in the therapeutic relationship and ways in which her experiences and perspectives varied from Tumnus. Lucy strove to understand Tumnus's world and perspective and be open to continuing to learn from Tumnus.

The counselor is always responsible for working toward the goal of therapy, and the goal is what benefits the client (Stiver et al., 2008). Responsibility does not mean using power and control over the client but rather trusting in the therapeutic relationship and having a willingness to move towards holding less power (Stiver et al., 2008). Lucy spoke a few times about the responsibility of being the counselor in their therapeutic relationship. She said:

> The primary purpose of this relationship is for Tumnus's healing and the role of my parts is to support that process through bringing in more authenticity as well as information to provide feedback to Tumnus about Tumnus's impact on me.

Another way Lucy took responsibility is trusting their relationship and following Tumnus's lead on pace and content.

Corrective Emotional Experience

The definition of corrective emotional experience from Alexander and French (1946, p. 38) is "reexperiencing the old, unsettled conflict but with a new ending." This concept has been supported over the years by researchers that describe clients benefit from experiencing and processing painful unresolved emotions within a safe and nonjudgmental therapeutic relationship (Bridges, 2006; Kennedy-Moore & Watson, 2001; Pos et al., 2003).

Badenoch (2017) discussed the importance of having missing experiences in session:

> For the felt sense and implicit pattern to change, we need to not only be in touch with the embedded trauma, but simultaneously in the presence of what has been called a disconfirming experience--most often what was needed at the time of the potential trauma but was not available ... It is as though the part who experienced the original rupture in safety has been waiting ever since for the repair to arrive. (p. 13)

Lucy spoke about this corrective emotional experience in this quote:

> I'm trained to use touch as a way to evoke experiences or implicit memory from the past that has been held in the body or to provide "missing experiences" (usually of comfort or protection) that the client never received. During this particular session, the client asked me to follow my instincts (which in this case are usually to lean in and offer missing experiences) and this started a phase of work with the client beginning to explore and disentangle safe touch from unsafe touch and to begin to experiment with taking in

> support from others both by physically leaning on my shoulder and working to stay present as I said supportive things or we looked jointly at something resourcing in the environment together.

They worked together to build the capacity within Tumnus to experience old hurts within a therapeutic relationship so that Tumnus did not have to navigate processing and healing alone.

Creating Opportunities

In this next section, I discuss how the themes from expressive therapy fit into the existing literature. For readability and due to overlap in the literature, I have grouped the following expressive themes: awareness and connection to body and attachment to self, with the subthemes of connection to my experiences to integrate them and connection to feelings and expressing feelings. I have also grouped flexibility and playfulness. Finally, I grouped safe touch and comfort with crucial moments. Spermon et al. (2013) found that participants reported healing from CSA through linking the trauma history with feelings, navigating relational difficulties, and developing self-identity were pivotal in enabling change. This aligns with Tumnus's experience as described in more depth below.

Another reminder is that expressive therapy provides the groundwork for the tools that Tumnus and Lucy use to navigate the river, such as a paddle, motor, and tie-offs to anchor. Tumnus and Lucy used a paddle or motor depending on what they needed to navigate in the next section of the river. Below, I describe how expressive therapy led to change for Tumnus. In the metaphor, the river is the change, movement, and processing of Tumnus's trauma. The river represents growth and working towards a more open landscape. The river, at times, is shallow and Tumnus and Lucy play together and connect to their younger selves. At other times, the river is deep and dark when Tumnus is processing more painful parts. Regardless of the part of the

river they are experiencing, with Lucy in the canoe with Tumnus, they move along with the river navigating the obstacles they encounter.

Awareness and Connection to Body

Trauma manifests in our bodies (Levine, 2008; van der Kolk et al., 2014), and prolonged stress and trauma manifesting in our body can lead to a sense of disownership toward the entire body (Ataria & Gallagher, 2015). Therefore, it makes sense that a part of processing and healing involves our body. Often, this can mean developing a new relationship with our body or becoming reacquainted with our body. The theme of being connected to your body to process trauma is found throughout the literature among trauma-informed care (van der Kolk et al., 2014), somatic therapy (Hinton et al., 2006), expressive dance therapy (Koch et al., 2019), and RCT (Jordan, 2001). Jordan discussed that the primary work of RCT is to support clients back into a healing connection in which they begin to reconnect with themselves and their body and connect more fully in relationships with others, and this starts with the therapist. Herman (1997) discussed the need for trauma survivors to regain control, which begins with control of one's body. A person regains control over their body by learning to get back into their body and listening to their body to know how to attend to it. Tumnus said, "yeah, and like I know that then I wasn't that aware of my body and I was a lot more detached from it [when therapy began]." Tumnus gave an example of this during the interview. Tumnus talked about noticing during the interview process an internal bracing away from Lucy who was trying to be present and connected with Tumnus. Tumnus stated:

> Yeah, just not something that I was accustomed to [body awareness] and I don't know that I was this aware . . . I know I was not this aware then . . . but one of Lucy's trainings is in somatic processing and it's very body based and like I'm even noticing now, like in this moment that I'm having this like rejection, this internal bracing away from being able to accept the care that it took for her to show up that way for me especially then.

During the interview, Tumnus demonstrated a way in which Tumnus was aware and connected to Tumnus's body and was able to express what was occurring internally.

Van der Kolk (2014) described in depth the essential nature of connecting to one's body to know safety and then to move towards healing from trauma. Similarly, Levine (2008) emphasized the importance of reestablishing a relationship with one's body. This includes reestablishing the connection with grounding, knowing where you are in the world, and feeling tied to the world. As a person grounds themselves and is aware of and connected to their body, then they can start to develop a sense of safety (Levine, 2008). This research is mirrored in Tumnus's experience of gaining awareness of Tumnus's world and also a connection to Tumnus's body. Tumnus learned ways to connect with the world through different expressive techniques, such as writing, creating art, walking, and guided imagery. Lucy also consistently used somatic processing to help bring Tumnus's awareness to the body.

Attachment to Self

A greater understanding of self is one of the critical aspects of a growth-fostering relationship within RCT (Stiver et al., 2008). As discussed earlier in this chapter, reestablishing trust in oneself is an essential part of healing from trauma (Herman, 1997). "When children are abused, it's threatening for them to trust their own perceptions" (Bass et al., 1994, p. 215). When significant adults in childhood deny or ignore a child's reality, the child begins to mistrust or disbelieve themselves (Bass et al., 1994). Therefore, an essential aspect of healing is regaining a relationship and trust with oneself (Bass et al., 1994; Herman, 1997; Miller, 2012). Tumnus described many parts of Tumnus that had been shamed and disowned, and that through the therapeutic work, especially expressive techniques, such as coloring, Tumnus was able to regain an attachment to those parts. Tumnus said:

> The word that's coming up for me is that it feels like it [being in the tree fort] accessed different parts of me . . . and we definitely have done a lot with parts work . . . but it feels like . . . I talk about this part of me that I call the five year old girl and it has historically been the part of me that I try to hide away where I feel a lot of shame around and sometimes I show up in the world from this perspective, like from this part of me and when I notice it happening and "make that stop, make it go away" or . . . yeah, and it very much has felt like . . . doing things like finding ourselves in the fort or . . . sessions where we've colored or . . . so many different things that I could think of . . . onesie days.

In Gestalt therapy, the self is formed within relationships (Perls et al., 1951), meaning the development of self is embedded in the interconnectedness of all things (Palombi, 2018). We learn and know who we are because of our relationships and connections to other people, animals, and the earth. This was modeled in Tumnus and Lucy's relationship. Tumnus talked about attaching to Tumnus after attaching to Lucy. Through the attachment with Lucy, Tumnus was able to discover themself. Tumnus stated, "I think in the process of attaching to Lucy [it] has been possible [to attach to myself]." Palombi (2018) found clients experienced a decrease in anxiety, an increase in ability to self-regulate, and a more positive self-perception in their therapeutic relationship. Through the therapeutic relationship, Tumnus's perception of self shifted to a more open and compassionate view. Through this process, Tumnus developed a relationship and attachment to Tumnus.

Two subthemes emerged from attachment to self: connection to experiences and connection to feelings. I will discuss these next. Because Tumnus attached to self, Tumnus was then able to connect to past experiences and feelings to integrate and feel.

Connection to my Experiences to Integrate Them

Another stage of therapy for survivors of trauma is reconnection (Herman, 1997) and remembering and believing the trauma (Bass et al., 1994). To survive the abuse, children may forget the abuse or disconnect from the experience so that it is factual (not emotional; Bass et al.,

1994). Dissociation (as discussed in Chapter II) is a common protective experience for ASCSA and a specific way we can disconnect from our internal experiences (S. F. Fisher, 2014; Herman, 1997; van der Kolk, 2014). Tumnus said:

> I think the experience of using expressive therapy has allowed me to let some of the fizz [intense emotions/body sensations] out and then close it back up and go through that process in a way that it's actually manageable for my nervous system as opposed to so overwhelming that I'd just be flooded all the time or completely dissociated.

There is literature to match Tumnus's experience. Dance-movement therapy facilitates right brain integration when adults experience dissociation from trauma, meaning dance therapy supports the integration of somatic, emotional, and psychological experiences (Pierce, 2014). While Tumnus and Lucy did not specifically use dance movement, they did use body movement and somatic work to include the body in therapy. Similarly, art therapy can be used as a primary mode of working with trauma symptoms, including dissociation, so that clients can reconnect with their experience (Gantt & Tinnin, 2009). Art therapy techniques can reduce dissociation and alexithymia (inability to connect feeling to body sensation) through slowing down the trauma processing with art, expressing the internal world without the need for words, and creating a nonverbal narrative to move trauma into past tense (Gantt & Tinnin, 2009). Tumnus talked about the altered book and the impact of creating this piece of art:

> Yeah, it felt like there was so much I couldn't encapsulate with words and . . . it felt like I was able to externalize what was happening inside of me in a way that I could share it and sharing it with Lucy was this incredibly powerful experience where it felt like she got it.

Again, this aligns with Tumnus and Lucy's therapeutic work. Tumnus explained that through art, writing, coloring, etc., Tumnus was able to slow the trauma processing down and express internal feelings and experiences that Tumnus previously could not put into words or felt overwhelmed by.

Connection to Feelings and Expressing Feelings

A common aspect of trauma survival and protection is the avoidance of painful emotions, thoughts, and physical sensations (Courtois & Ford, 2012). Emotions and bodily feelings tend to be experienced as a signal of danger after traumatic experiences and, therefore, trauma treatment needs to include the development of an expanded capacity for emotion tolerance (Rothschild, 2003). Many of the prominent trauma researchers discuss the necessity of the regulation of feelings to move towards the ability to process the trauma (Courtois & Ford, 2012; Rothschild, 2003; van der Kolk et al., 2014). Van der Kolk (2014) stated that a person must find ways to cope with feeling overwhelmed by the emotions and physical sensations that arise from past traumas. A client works toward accepting the trauma and experiencing and expressing the emotions that come from the trauma (Courtois & Ford, 2012). When someone can acknowledge and feel the core emotions that occur after trauma (instead of avoiding or minimizing), they develop emotional awareness, emotional expression, and self-understanding (Fosha, 2000). Furthermore, when a client experiences emotion in the company of a counselor who is accepting and soothing, the client experiences counterconditioning of the previous nonresponse (Fosha, 2000; Siegel, 2007). The counselor's coregulation of the emotion is physically and emotionally attuned to the client, which leads to neuronal growth and makes the implicit explicit, leading to new neural pathways and brain development (Courtois & Ford, 2012).

Tumnus and Lucy talked about the importance of Tumnus developing the capacity to regulate emotions and then fully feel the emotions. Tumnus and Lucy shared the work they did to build internal and external resources for Tumnus to expand Tumnus's tolerance of emotion. As Tumnus explained, "I have a hard time letting myself be angry and feel anger and express anger." Tumnus discussed how Lucy encouraged emotional expression through behavior and

later through words. Tumnus also spoke about the power of Lucy joining Tumnus in the feelings, "I get to be upset about it. I know that's a piece for me. That somebody cares enough to be hurt for me, I think definitely supported our relationship." Tumnus was able to feel and express emotions that in childhood were not allowed or dangerous. This led to a deeper connection with Lucy and the ability for Tumnus to process emotions that came from past traumas. In the metaphor, the rapids and boulders represent Tumnus's internal world becoming more visible externally. When Tumnus's past traumas were able to break the surface of the water through Tumnus feeling, then Lucy and Tumnus together can be more aware and navigate the traumas and feelings so that Tumnus can process them.

To connect to feelings, we must live in our bodies and pay attention to the physical sensations that occur in our bodies (Bass et al., 1994). Children need the experience of an adult naming a feeling for the body sensation experienced. When this does not happen, children do not learn how to connect the feeling with the body sensation (stomachache, shortness of breath, trembling, etc.; Bass et al., 1994). Tumnus developed the capacity to connect to Tumnus's body and then listen to what Tumnus's body was communicating about an experience. As the literature describes, it is a whole-body experience to process and heal from trauma (Bass et al., 1994; van der Kolk, 2014). To process, Tumnus attached to self, which includes Tumnus's body, emotional world, and past and present experiences.

The Feelings

The feelings that Tumnus and Lucy discussed included anger, rejection, fear and overwhelmingness, and grief and pain. Tumnus also described love and depth as new:

> Definitely, that last piece of like not realizing how trapped I felt in the armor. I think the armor was keeping from being able to really . . . live life and experience the world and experience love and relationships of depth and . . . how much freedom has come through this relationship.

Typically, processing trauma involves feeling grief, shame, anger, and sadness (Courtois & Ford, 2012). In one of the most prominent resources for ASCSA, *The Courage to Heal,* the specific feelings of anger and grief are discussed at length (Bass et al., 1994). Anger is a natural response to sexual abuse but often it is not allowed in a household with abuse present; therefore, survivors have to reconnect to that anger and find ways to externalize it (Bass et al., 1994). Grief is also an essential aspect of healing from CSA, to grieve the childhood you could have had with a caring person (Bass et al., 1994). Thus, Herman (1997) included mourning as one of the stages of recovery. Tumnus said:

> [I learned to] be with the pain and the hurt and anger and all of that in a way that has allowed me to say, "I get to feel this, I get to be upset about this and it wasn't fair, and I deserved more."

The feelings Lucy and Tumnus discussed connected with what is present in the literature.

Safe Touch and Comfort

This theme connects to Harlow's famous experiment on monkeys (Harlow & Zimmermann, 1959). Young monkeys were taken from their mothers and given a substitute mother made from wood and covered in a soft cloth or one made from wire that had food. The monkeys spent their time with the soft mother and only went to the wire mother for food. The soft mothers provided touch and cuddling that was seemingly more essential to these young monkeys than food. Accordingly, Badenoch (2017) devoted an entire chapter of her book *The Heart of Trauma* to skin, which she describes as the portal to the brain. Montagu (1984) described the skin as the portion of our nervous system that is external. Our skin takes in the world and sends that information to other systems in our body. Badenoch (2017) stated that touch is a primary nourishment and necessary to heal from trauma. If touch has been traumatic, such as with CSA, then new interpersonal experiences can rewire pathways to the felt sense of

touch bringing comfort and care. Badenoch (2017) described in depth the neuroscience behind touch and the therapeutic and intentional ways counselors can incorporate touch to support healing:

> For the felt sense and implicit pattern to change, we need to not only be in touch with the embedded trauma, but simultaneously in the presence of what has been called a disconfirming experience--most often what was needed at the time of the potential trauma but was not available. (p. 13)

If, during the trauma, we felt alone, then we need to feel accompanied. If we were hurt, then we need comfort. Comfort can come through touch. Lucy and Tumnus both described ways that touch has been beneficial and healing. Lucy discussed being physically near Tumnus and Tumnus being able to physically lean on Lucy while navigating traumatic material. Lucy stated the following about touch:

> During this session, the client asked me to follow my instincts (which in this case are usually to lean in and offer missing experiences) and this started a phase of work with the client beginning to explore and disentangle safe touch from unsafe touch and to begin to experiment with taking in support from others both by physically leaning on my shoulder and working to stay present as I said supportive things or we looked jointly at something resourcing in the environment together.

They also had overt conversations about touch to figure out what was safe touch and what was unsafe touch and for Lucy to know what could be helpful for Tumnus.

Many prominent trauma researchers include the body in the healing process through touch and/or movement (Levine, 2008; Payne et al., 2015; Ogden & Fisher, 2015; Ogden et al., 2006). Touch in the therapeutic relationship can be specifically important to survivors of CSA because of the nature of the trauma (Cristobal, 2018). The trauma of sexual abuse can leave a person speechless, and it is difficult to put the trauma into words or have a frame of reference to make sense of the experience (Brooke, 2007). Touch is a critical form of communication and provides physiological information about one's environment (Smith et al., 2001), and survivors

of sexual abuse may need touch to communicate and make sense of their experiences (Cristobal, 2018). The ethical and appropriate use of touch can support a survivor of CSA to heal and recover from their trauma (Hunter & Struve, 1997). Therapeutic touch can facilitate a survivor's ability to develop their sense of trust, openness, bonding, and increased self-esteem (Caldwell, 2002). More specifically, Caldwell (2002) found that 69% of sexual abuse survivors reported therapeutic touch as a positive intervention. Similarly, Smith et al. (2001) found that survivors reported the importance of therapeutic touch, in that it can be nurturing, that they were deserving of touch, and that touch does not have to be sexual. These researchers found the majority of participants stated that touch repaired their self-esteem and trust and helped develop their sense of personal power (Smith et al., 2001).

Somatic experiencing therapy supports the client in focusing on their interoceptive, kinesthetic, and proprioceptive experience to complete the natural release of traumatic energy that becomes trapped (Payne et al., 2015). Touch can be used in somatic experiencing to support the client in moving towards release and regulation. Lucy spoke about being trained on using touch as a therapeutic tool to provide missing experiences that the client did not receive, and specifically with Tumnus for them to explore within their therapeutic relationship what is safe and unsafe touch that Tumnus could go out into the world and receive safe touch. Lucy said:

> In body therapy, touch is something we're trained in. It can be used to evoke experiences or implicit memory from the past that has been held in the body or to provide "missing experiences" (usually of comfort or protection) that the client never received.

Notably, a few studies have explored massage as a support for trauma. Price (2012) found that women with a history of sexual trauma reported the benefit of massage for their bodies. Another study found children traumatized by Hurricane Andrew who received massage reported lower scores for anxiety and depression (Field et al., 1996). It seems that when touch is used

safely, it can give a reparative experience and help the body to process traumatic experiences. Although Tumnus and Lucy did not use massage, this research demonstrates the therapeutic value of touch for processing and healing from trauma.

Crucial Moments

Tumnus and Lucy spoke about specific crucial incidents in therapy that led to shifts for Tumnus. In the literature, the term *significant event* is used to describe a significant or critical event that is central to personal change in therapy (Elliott, 1983), and these moments are the most fruitful therapeutic work (Timulak, 2007). The research on significant events includes core categories that are identified as consistent across client reports of helpful moments. These are awareness/insight, behavioral change, emotional experiencing, empowerment, relief, feeling understood, client involvement, reassurance/safety, and personal contact (Timulak, 2007). All nine concepts fall into three clusters: the therapeutic relationship, in-session outcomes, and change at the experiential and motivational levels (Timulak, 2007).

Lucy and Tumnus's crucial moments fit with some of this research. Specifically, they talked about a significant event when Tumnus was able to have an emotional experience and express it in a new way through the altered book. As a reminder, the altered book was something Tumnus created. Tumnus explained it as, "altered book . . . like the word *to alter* something. So, it's literally a book that I've been altering via mixed media." This book has allowed Tumnus to express things that Tumnus could not say out loud and to rewrite Tumnus's history from Tumnus's perspective that is being developed through therapy. During this event, Tumnus spoke about feeling understood, relieved, and empowered by this event. This one event also led to awareness and insight on ways to express one's internal world and experience processing of

painful material. Similar to what was explained by Gantt and Tinnin (2009), trauma can be organized through art to make it comprehensible and acceptable to the verbal mind.

Another significant event discussed was an experience of canoeing during an intense rainstorm. Lucy and Tumnus talked about the power of shouting out loud about the difficulty of the experience as it was happening. They experienced relief, emotional expression, connecting and understanding each other's experience in that moment, and some reassurance that they would get through this hard time together. They then used this experience as a metaphor for the work occurring in therapy. Lucy said the following about this significant moment:

> It was like raining and hailing and it was so hard, so cold and so terrible, it was a point when we were out in the canoe and had been paddling for a zillion hours and I was like, "Will you scream with me?" and we just like screamed together because it was just so much, it was so intense and so horrible. And that became kind of a reference point for when things have been hard.

An example of using this experience as a reference point was when Tumnus was suicidal. Tumnus let Lucy know it felt like the experience in the storm, except for Tumnus was alone in the canoe. Tumnus said:

> Lucy asked me to share more about what it was like being in here [the hospital] dealing with depression and suicide and all of that . . . I said "It's like before on the river except that I'm alone in the canoe and it's starting to get dark and I don't have idea where I'm going to camp for the night."

These crucial moments that were discussed during the interview fit into the three overarching clusters of the therapeutic relationship, in-session outcomes, and experiential and motivational levels. In both examples, Tumnus and Lucy's relationship was strengthened, there were specific and new outcomes within the session, and Tumnus spoke about the experiences being felt in a deeper experiential way. More specific to the crucial moment being in the wilderness, the literature aligns with wilderness therapy being effective for positive therapeutic outcomes (Bettmann et al., 2013).

While these significant events can lead to a positive outcome, the events are reported as rare and clients attribute much of the therapeutic success to other factors (Sherwood, 2001). These factors relate to the therapeutic relationship and include the trustworthiness of the counselor, feeling safe, genuine care and nonjudgmental stance of the counselor, and the counselor adapting to the needs of the client (Giorgi & Gallegos, 2005; Schneider, 2015). It seems that this aligns with Tumnus and Lucy's experience. While they both talked about some specific and important moments in therapy, much of the data was about their relationship, as discussed previously in this chapter.

Furthermore, several studies have compared if the counselor's and client's perspectives of what constitutes the significant event match (Bloch & Reibstein, 1980; Helmeke & Sprenkle, 2000; Llewelyn, 1988). Researchers found that perspectives differed with the counselor viewing therapeutic work, such as insight, as significant and the client viewing the relational components of therapy as significant (Elliott, 1983; Llewelyn, 1988). Notably, perspectives align more closely the higher the counselor rates the working alliance (Cummings et al., 1992). This seems to align with Tumnus and Lucy who have a strong working alliance; they agreed on their crucial moments and seemed to have similar perspectives on past events in therapy.

Flexibility

The flexibility a counselor demonstrates with any technique in treatment has been shown to have better therapeutic outcomes (Owen & Hilsenroth, 2014). It is important for counselors to be responsive to the emerging context in any given session and attend to the needs of the client by stopping, shifting, or sticking with a technique (Frank & Frank, 1993; Stiles, 2013). An indicator of an effective therapeutic relationship is the ability of the counselor to adjust their approach to treatment (Goldfried et al., 1998). Lucy and Tumnus both spoke to the importance of

Lucy attending to the present moment and not having a fixed agenda or path for the therapeutic process. Lucy's ability to shift focus and recognize Tumnus's feedback created connection and trust between them. This is reflected in Lucy's statement, "Through much of this process, this work has felt intuitive, instinctual, responsive, and experimental."

Another aspect of flexibility that was also in the data was Tumnus's growth towards more flexibility. Acceptance and commitment therapy is a more recent offshoot of CBT that promotes the concept of psychological flexibility (Scott & McCracken, 2015). Psychological flexibility is the "capacity to persist with and change behavior in a manner that incorporates conscious and open contact with thoughts and feelings and that is consistent with one's values and goals" (Scott & McCracken, 2015, p. 91). One's behavior can be open, aware, and active--the inverse of psychological inflexibility, which includes restrictive and unworkable patterns of behavior (Hayes et al., 2011). Tumnus spoke about the development of their psychological flexibility. Through play and Lucy's nurturance, Tumnus was able to be more open, exploratory, and experimental in sessions. Tumnus stated:

> My experience with therapists is that this isn't going to end well, and then to actually have the experience of . . . like when you're doing on a wilderness trip, there is like this automatic intimacy that comes with [the trip] . . . you're caring for each other through food and you don't get to hide as many parts of yourself because who is aware of how they're showing up in the world and so acutely all the time. You're going to let your guard down eventually because you're going to forget that you're needing to pay attention to it.

It was important that both Lucy and Tumnus demonstrated flexibility for connection and growth opportunities.

Playfulness

The concept of playfulness is found in drama therapy (Versluys, 2017), sex therapy (Yadave et al., 2015), and attachment theory (Gordon, 2014). The quality of playfulness leads to

a person being more likely to engage in a situation and to make the situation more enjoyable or entertaining (Barnett, 2007). Playfulness has many psychological benefits, including nonlinear, divergent thinking, problem-solving, emotional regulation, humor, motivation, enhanced creativity, and imagination (Barnett, 2007; Elias & Berk, 2002; Guitard et al., 2005). Playfulness can lead to stress reduction and coping strategies in adults (Barnett & Magnuson, 2011). Playfulness is also tied to adult secure attachment and is a crucial factor in well-being (Gordon, 2014). Furthermore, Gordon (2014) discussed how adults can work towards secure attachment through attuned play and become reacquainted with innate playfulness and well-being. Tumnus talked about the importance of Lucy joining in the play (the outdoor fort, interacting with the cow) and how that led to Tumnus feeling seen and okay as Tumnus. Tumnus and Lucy both mentioned the necessity of play throughout the interviews, specifically Tumnus stated:

> And I remember having this really [significant session] . . . I mean, it invited so much play, the session where we were at this outdoor, open space and this down tree was . . . it was down in such a way, like the branches were over it, it was almost like a fort and we both like . . . crawled in and we were really close together but it was like the experience of being a little kid and a fort built in the living room or wherever but a tree playing in the woods.

Tumnus was able to connect to younger parts because of play, which supported attachment to self and reacquainted with playfulness.

Outside Experiences

Below, I discuss the literature that connects with the experiences that happened outside of the therapeutic relationship. The themes of supervision, Tumnus's work as a therapist, and the interview will be presented in relation to the greater body of literature. These pit stops symbolize the experiences outside of the relationship that are relevant to the overall journey.

Supervision

Supervision is a necessary and important part of counselor development (S. Brown, 2013; Martin, 2016). CACREP standards for counselor education and supervision include 11 standards specific to supervision, such as skills of clinical supervision and developing a personal style of supervision. The purpose of clinical supervision is for a novice counselor to have support, oversight, and guidance in clinical abilities from a more senior counselor (Bernard & Goodyear, 1998). The stronger the working alliance is in the supervision relationship, the higher self-efficacy the counselor reports (Efstation et al., 1990). On the other end of the spectrum is ineffective supervision. Researchers have recently focused on *clinical supervision that goes badly* (Gray et al., 2001; Nelson & Friedlander, 2001) to better understand how to make this supervisory relationship successful. Lucy spoke about receiving supervision that did not align with her perspective on how to be therapeutic for Tumnus. This supervision experience led to Lucy mistrusting her intuition and questioning her therapeutic approach. After this experience, Lucy sought out a supervisor that was a better fit for her. Lucy asked Sarah (the second supervisor) about attachment and if it was okay to be the attachment figure for Tumnus:

> I was like, "is the client supposed to be able to parent themselves? Are they supposed to be able to take their adult part [and] come in and do the attachment stuff, and Sarah's perspective is no. No, this thing we are doing it comes before that. and that's been really helpful for me because I don't want to foster dependency and I know that over time the goal is for the client to learn how to parent themselves.

This process paralleled Tumnus's, in that Tumnus had many therapeutic relationships before Lucy that were not a fit and where Tumnus could not fully be Tumnus. Lucy also did not feel like she could be all of herself in the first supervisory relationship.

Tumnus as a Therapist

Carl Jung (1954) developed the term *wounded healer*, one who has valuable insight into the healing process because of their suffering and recovery (as cited in Jackson, 2001). Jung (1954) wrote that a counselor's capacity to heal others was directly related to the counselor's personal experience of wounding and healing. Wounding includes mental illness, physical illness, childhood loss and trauma, and part of the human condition (Barnett, 2007). The specific type of wounding impacts the counselor's approach to healing and professional identity (Cvetovac & Adame, 2017). Tumnus spoke about how being in school and doing clinical work led to greater insight and self-awareness. Tumnus was able to integrate feedback from peers and supervisors to soften and bring more warmth and compassion to interactions. Tumnus talked about the importance of working with clients and doing personal therapy to learn how to be more approachable and open. Tumnus also talked about working with survivors of sexual violence and "needing to have my own shit taken care of more to be able to show up for my clients appropriately." Tumnus's experience aligns with the literature related to the wounded healer. Tumnus wanted to work with survivors of sexual abuse and, through Tumnus's personal therapy, discovered ways to be therapeutic.

Interview

No literature describes how a research interview could further therapeutic processing. However, verbal processing of an experience can be important and useful and further integrate the information (Gooding, 2017). This aligns with Tumnus and Lucy's experience, as Tumnus stated about the interviewing process:

> I get even more of a sense of Lucy's experience. There are a lot of things that Lucy has said to me in session that I did not know that I fully believed or let sink in. The fact that she's saying them to another person, it makes [it] feel more believable.

By participating in these interviews, Lucy and Tumnus processed their relationship and experiences with an outside person. Because of this, Tumnus was able to further trust Lucy's experience of their therapeutic relationship.

However, some research has examined the interviewers' impact and that observation can create a change or impact the participants in some way (Hays et al., 2016). This aligns with this theme that these interviews had an impact on the participants. This was the case for Lucy discussing the impact the interviews had on her. She said, "I'm finding that I'm much more anxious in this process [the interviews] than I anticipated, partly because of fear of judgment either by you or by your readers." Lucy went on to say;

> I feel fiercely protective of what we have created and don't want someone from a more clinical (and less relational perspective) to judge it from a "by the book" approach. I think that one of the things that has been so healing is our willingness to go outside the box, to take what works for us from feminist therapy, wilderness therapy, art therapy, experiential therapy, somatic therapy, EMDR, etc. To take our work beyond the paradigm of traditional 1 hour office sessions and learn together about what is healing for this client. We have done many things that a more conventional therapist would not have done, and I feel both very proud of that as well as anxious about being measured against criteria that wouldn't have worked for us. I think part of this is that I consider the work that we're doing to be attachment repair work for complex trauma rather than just trauma work, and that generally seems to be a less understood therapeutic perspective.

Lucy also said, "I continue to be surprised how hard this process [interviews] seems to be for me. I feel a little confused by that as I feel proud of the work we've done, and tend to be fairly articulate about what I'm doing in session and why." It does not appear that there is previous research on this idea that expressive and experiential therapy, this "nontraditional" approach, is judged or criticized in the counseling field. The implications of this will be discussed below.

Implications

When I began the journey of this case study, I hoped to uncover a unique or novel finding that could be applied more broadly to the experience of ASCSA in expressive therapy. Of

course, case studies are not able to produce generalizable implications in the same way that other types of research methods can. Still, in reflecting on the implications of this particular study, what I ultimately conclude is that the therapeutic relationship is still the cornerstone of healing from childhood sexual abuse as an adult. This is not necessarily a novel finding, but rather, it emphasizes the absolute necessity of helping counseling students and practicing counselors to develop the empathic skills necessary to create an entirely safe therapeutic relationship. I also affirmed the current literature in my finding that expressive therapies can greatly enhance the processing of trauma once the therapeutic alliance is firmly established. Furthermore, expressive techniques enhance the relationship and the strength of the therapeutic relationship. Both of these findings have implications for counselor education and supervision and the field of counseling as a whole, especially related to working with ASCSA.

Counselor Education

Importance of the Relationship

Previous research has established that relationship factors appear to have the most impact on therapeutic outcome (Lambert & Barley, 2001; Norcross & Lambert, 2011). An implication of a specific theme from this research that positively contributes to the therapeutic relationship is willingness, which has a paucity of research. The theme of willingness implies that there is something important and distinctive about willingness. Willingness could be one of the qualities that helps create an effective therapeutic relationship, which could inform counselor education and supervision. A counselor and client being willing may also contribute to the client and counselor being able to use expressive therapy as an approach.

Expressive Therapy

A primary implication of my research related to expressive therapies is a shift in thinking that expressive therapies are singular interventions or counselor-led interventions. Based on this case study, expressive therapies are a client-led, ongoing, reiterative process that must be incorporated into every session. Waliski's (2009) assertion is that expressive therapy is typically viewed as a category of specific techniques that can be integrated into other theories. My case study illustrates that this conception of expressive therapy limits its potential to promote healing, especially for clients who have experienced trauma.

Much of the focus in the literature on expressive therapy centers on how to apply a specific expressive technique or therapy with a client experiencing something specific. One example of this is using dance movement with ASCSA to support reconnection to one's body (Mills & Daniluk, 2002). Another example is using art therapy as an avenue for communication for trauma survivors to facilitate processing of traumatic material (Gantt & Tinnin, 2009). However, the themes and information resulting from my case study illustrate that, in its most powerful form, expressive therapy is an ongoing and consistent way of working with clients.

The findings of my study also have implications related to incorporating more expressive therapy learning into counselor education curriculum. Currently, CACREP does not have a standard that includes expressive therapy. My case study clearly shows the healing power of expressive therapy. Wilderness therapy and somatic experiencing were two of the specific ways Tumnus benefited from expressive therapy. While it is unclear the level of learning related to expressive therapy that most counselors receive, it is clear from my case study that Tumnus truly needed an expressive therapist. Right before Tumnus started working with Lucy, Tumnus saw a therapist who focused primarily on cognitive processing. Tumnus reported a disconnect with the

therapist and an inability to feel safe. Tumnus said the following about looking for a more experiential and expressive therapist.

> I started looking for a therapist who was trained in EMDR and [the therapist] didn't have to have a whole bunch of experience working with trans people but at the very least they had to be willing to do that work with them. And then like the other piece for me was there was a difference between working with trauma and bringing the complex trauma in, what experience do you bring to the table as it relates to that?

Counseling programs could incorporate more education on expressive therapies because based on this research expressive therapies create connection and ways of expression beyond the verbal and cognitive. The implications of expressive therapy are to move beyond the boundaries of traditional talk therapies, taking therapeutic risks, and trusting the client's needs. Additionally, to provide complex and creative ways to build trust and to express and experience traumatic reactions. This research implies that expressive therapy can lead to thinking differently about intervention and healing.

Counselors can incorporate expressive techniques into their practice with the appropriate education, experience, and supervision (Rubin, 2005). Counseling students do not have to pursue a specialty in expressive therapy in order to use expressive techniques. For example, Waliski (2009) conducted a study that introduced expressive techniques in an elective advanced theories course and students reported more comfort with the use of expressive therapy, a desire to seek out further training, and knowledge of the benefit of expressive therapy. The students also reported more confidence with expressive techniques and were able to identify ways to integrated expressive techniques into other theories (Waliski, 2009). Based on this research that expressive therapy creates opportunities in the therapeutic relationship it could be useful and important to use Waliski's research to integrate expressive techniques into a theories course.

Currently, in order to receive detailed information about expressive therapy, a counseling student would likely need to attend a counseling program that focuses specifically on art therapy, wilderness therapy, dance/body therapy, etc., or take an additional course outside of requirements that includes expressive therapy education. To include more extensive education on expressive therapy in any counseling masters degree program would be beneficial. As Tumnus stated, “I do think there has been some healing. I don’t think like at this point enough healing has taken place for me to be okay. But I think none of that would’ve happened if it hadn’t been for the use of expressive therapy.” Lucy echoed this comment with, “I just don’t feel we could’ve done any of this [trauma work] without doing expressive therapies.” Because Lucy used expressive therapy, opportunities were created for Tumnus to process and integrate some of Tumnus’s trauma. While this is just one case study, counselors learning how to use expressive therapies can create a more body-based healing approach, rather than a focus on the management of symptoms.

It may be outside the scope of a master’s level counseling program to teach students in any depth about expressive therapies. More so that exposure to expressive therapies in relation specifically to trauma in graduate programs could facilitate interest and the desire for further training in expressive therapies after graduation. There is an implication that training in expressive therapies that focuses on the whole person/whole body/full integration of expressive therapies (instead of singular interventions as discussed previously) could be the most beneficial for counselors and their clients. The type of work Lucy facilitated with Tumnus is advanced therapy and displays training and experience beyond any master’s program. However, the implication still holds that entry level expressive therapy is beneficial for clients and exposure should be an aspect of all master level counseling programs.

Lastly, a final implication of this study related to expressive therapies revolves around Lucy's fears of being judged by readers and feeling vulnerable about her therapeutic approach. Lucy talked about her fear that she would be perceived as lacking boundaries, crossing lines, developing too close of a relationship which might violate ethical guidelines. Specifically, Lucy said the following about the interview process, "Something coming up for me is fear of judgment either by you or by your readers." Lucy also stated:

> I feel like having to justify things which I know that's not what you're asking for but it feels like a lot of scrutiny. And I feel like . . . there are things that I read and things that I talk about with [supervisor] that are very validating of what I'm doing and there are other things that I read or people that I talk to that are just a really different perspective. And so I feel . . . caught between . . . there is a part of me that wants to do it right and wants to be liked and what it's like to really struggle with . . . like there being two totally paradigms about what clients need or how it's supposed to look or all of those kinds of things. So, I feel super uncomfortable with being asked or have this focused on me.

I could not find any literature that discusses criticism of expressive therapies or the perceptions of expressive therapies in relation to boundaries and relational intimacy within the counseling field, but I am hypothesizing that this contributed to Lucy's feelings. The implication of Lucy's fears is that counselors may be reluctant to engage in expressive therapies that might be in the best interest of ASCSA's because of judgement from other professionals, or in general a misunderstanding of the work. It is likely that Tumnus would not have persevered with Lucy had Lucy adhered to more typical boundaries often taught in master level counseling programs. This elucidates an additional implication that programs need to reconsider how they teach boundaries and ethical guidelines in order to best meet clients' needs and trauma wounds.

Trauma Training Specific to Adult Survivors of Childhood Sexual Abuse

Another implication of my case study, although certainly not a novel implication, is that trauma training specific to ASCSA can benefit counselors working with clients who have

experienced this form of trauma. This training can be incorporated more directly into CACREP programs, although the results of my study cannot provide any clarification on the amount of training that is currently occurring within these programs. Of course trauma training in general is a CACREP requirement, including the physiological impact, the neuroscience, the nervous system impact, the protective responses (fight, flight, freeze), the emotional/psychological impact, and methods of treating trauma.

Supervision

Similarly to my findings related to trauma training, while this is not a original implication, it is clear from my case study that supervisors receiving more training in ASCSA could benefit clients who have experienced this common issue. Supervisors often lack knowledge about trauma-informed supervision, which is supervision that addresses the features and difficulties associated with clients who have a history of trauma (Jordan, 2018). There has been minimal focus on a supervision model that incorporates trauma or trauma-informed supervision (Jordan, 2018).

Lucy spoke about the ineffective supervision she received regarding Tumnus in our conversations, stating:

> I was seeing Sam for supervision who was a wilderness therapy person, but very agency oriented and was very helpful in setting up my practice, especially the business side practice and as we were working together more and I was getting more of a sense of what was happening, where things were headed, I was feeling like reaching out for support isn't one of my natural things, And I switched over to Sarah, who was very helpful in terms of her perspective on attachment especially for complex trauma, that attachment [I was learning about the differences in working with clients who have some kind of internal template for secure attachment vs clients who need that experience with me first as a starting point for developing that template] . . . like there isn't an internal template for it and so having an external experience with somebody else first in order to internalize that.

Lucy spoke about the importance of finding a supervisor who aligned with her therapeutic perspective and support her in the therapeutic work with Tumnus. In addition, Lucy talked about another supervision experience during her somatic advanced training that was beneficial. Specifically, Lucy said "[during the somatic training] getting a lot of like direct supervision and feedback about my work as a therapist in the context of that training and a lot about my own patterns and personality styles and all of that stuff that I bring to the clients." It is clear that Lucy benefitted from advanced supervision, and other counselors may benefit from supervisors who are highly knowledgeable about ASCSA and expressive arts.

Limitations

Though rigorous methodological and analytical procedures were used throughout this study; it has a few limitations. Tumnus' being a counselor and going through a master's program for counseling is a limitation because Tumnus did not need as much psychoeducation around trauma and the therapeutic process. The majority of clients do not have this background and therefore may need an approach that includes more psychoeducation about the way trauma impacts a person. In addition, because of Tumnus's background Tumnus may be more self-aware and able to use language that was informed by the counseling education which may make the themes less transferable. It is possible that other themes would have arose if Lucy was working with a client that did not have a therapeutic background, such as a theme on education or trauma. Knowledge does not necessarily assist with the affective process; however clients often benefit from psychoeducation on trauma which can impact their perspective and openness towards non-verbal processing in the therapeutic relationship.

A limitation of this study is that Lucy chose Tumnus to participate in the research. It is likely that Lucy would choose a client with whom she felt a strong connection with and had a

positive experience in therapy. This is a limitation because the data gathered could be different if the dynamic of the dyad was less connected and positive.

Areas for Future Research

Further research is needed to better understand how education on trauma is being disseminated to students and if the education is effective in preparing students to work with trauma. There seems to be some research on supervision and the counselor in training's experience of trauma (Jordan, 2018; West, 2010), specifically on supervisee vicarious trauma (Neswald-Potter & Simmons, 2016) and supervisee compassion fatigue (Allsbrook et al., 2016). Similarly, research on counselors' exposure to trauma from their clients and how to cope with that exposure (Sommer, 2008), but there is a lack on how to educate students to concretely and effectively work with clients and trauma. There is limited empirical research on the effectiveness of curricula on counselor trainees' self-efficacy in performing trauma related tasks (Greene et al., 2016; Minton & Pease-Carter, 2011; Sawyer et al., 2013). Further research is needed to better understand how counseling trainees are being educated about working with trauma, and ways in which there may be a lack of education that leads to ineffectiveness or even harm when working with trauma.

Further research could be beneficial for students who have experienced trauma and then experienced posttraumatic growth like Tumnus. Much of the literature related to trauma and trauma-related outcomes are focused on the painful aspects of trauma, there is research (including research documenting neuroplasticity) that focuses on the beneficial outcomes of trauma (Ickovics et al., 2006; Milam et al., 2004). Tedeschi and Calhoun (1995) defined posttraumatic growth as the personal experience of growth following a highly stressful or traumatic life circumstance. Since students often come into the field with their own experiences

of pain and trauma (Cvetovac & Adame, 2017), it would be meaningful to understand if and when they experience posttraumatic growth and how that informs their counseling practice.

The concept of willingness was one of the only themes in this study that has a paucity of research. Future research could explore the overlap and uniqueness between the concepts of willingness, humility, openness, and trust. There may be something important and distinctive about willingness that could lead to including it as one of the qualities that creates an effective therapeutic relationship, which could inform counselor education and supervision. This information may be significant in relation to the therapeutic relationship and alliance. Willingness may also contribute to the client and counselor being able to use expressive therapy as an approach.

Future research could also include similar studies like this one in order to gain a broader and deeper understanding of expressive therapy with an adult survivors of childhood sexual abuse. This research could include more therapeutic pairs in order to compare similarities and differences in their experiences. Research could also involve a counselor being interviewed with many of their clients to better understand the use of expressive therapy by one counselor who uses it among many clients.

Conclusion

This case study explored the experiences of one counselor and one client of their therapeutic relationship and the use of expressive therapy. The results indicate that expressive therapy led to many positive therapeutic outcomes for Tumnus, a finding which aligns with prior literature (Malchiodi, 2005; Simonds, 1994; van der Kolk, 2014). The positive outcomes included increased awareness of and connection to the body, increased attachment to self, increased connection to safe touch, increased connection to past experiences to integrate them,

greater exploration of the depths of the trauma to heal, increased flexibility, increased playfulness, increased connection to feelings, and greater expression of feelings. Furthermore, this study found the aspects that contribute to the complexity of the relationship include attunement, advocacy, authenticity, openness, vulnerability, understanding and care, encouragement, creativity, mutuality, love, mattering, feedback, safety, trust, and corrective emotional experience.

This study provided information about the experience of an adult survivor of childhood abuse within a therapy relationship that uses expressive therapy. It also provided information about the counselor's experience of using expressive therapy with a client who is an ASCSA. This information can be used to inform counselor educators and supervisors on the therapeutic relationship and the use of expressive therapy. This information can also be used to inform counselor's work with trauma and expanding therapeutic techniques to include expressive modes.

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APPENDIX A

POST-INTERVIEW REFLECTION QUESTIONS FOR THE RESEARCHER TO COMPLETE

Post-Interview Reflection Questions for the Researcher to Complete

After each interview, I will reflect on the following questions through audio or written recording:

- What does my intuition tell me about that interview?
- What reactions came up? To the material shared? To the participant himself/herself?
- How may it have impacted my ability to fully hear or understand their subjective experience of expressive therapy?
- What other questions do I wish I had asked? Why did I not ask them?
- Anything else about that interview or participant that is important to note?

APPENDIX B

SCRIPT FOR COUNSELOR TO APPROACH CLIENT

Script for Counselor to Approach Client

I'm going to participate in a research study, and I wanted to see if you would be interested in participating with me. It is a qualitative study looking at the expressive therapy experiences of a counselor and a client (who has experienced childhood sexual abuse). We would each be interviewed about our experiences with expressive therapy, and we would also have an interview together.

Participation in this study is completely voluntary. Your identity as a participant will be anonymous.

Your decision to participate or not to participate will not impact our therapy, which means that if you decide not to participate our relationship will remain intact. If you decide to participate, we will have multiple interactions outside of therapy. I am happy (and expect) to discuss in therapy whatever comes up for you around the interviews or our interactions.

The possible benefits of participating are the ability to explore/process your experience in therapy, as well as contribute to the understanding of using expressive therapy as a survivor.

The researcher can explain in more depth the time commitment, reimbursement, and logistics of the study. If you are interested, please contact the researcher, Maegen Horton, by _____ at xxx-xxx-xxxx.

APPENDIX C

INTERVIEW PROTOCOL FOR COUNSELOR INITIAL INTERVIEW

Interview Protocol for Counselor Initial Interview

Introduction: I am going to be asking you to discuss your experience with expressive therapy. Please keep in mind as you share with me that I want you to maintain your commitment to confidentiality.

Additionally, the therapeutic experience can be difficult to talk about. If at any time you feel uncomfortable, please let me know and I would be happy to pause or slow down the pace of the interview. I encourage you to honor your own emotions and boundaries, and feel free to stop the interview at any time.

Prompt: As a counselor, think about when you have intentionally used expressive therapy with your client who is a survivor of childhood sexual abuse. Take a moment to situate yourself in that place emotionally, physically. Let me know when you have done that.

1. Tell me about your experience using expressive therapy.

2. (If needed as a prompt) Please describe what you were experiencing.

    a. What feelings did you have?

    b. What thoughts did you have?

    c. What bodily sensations did you have?

3. Have you shared all that is significant about this experience?

4. What changes do you associate with the experience of expressive therapy?

5. How has using expressive therapy as a modality impacted you as the counselor?

    a. And how do you believe it has impacted your client?

6. Was there anything that surprised you about using expressive therapy as a modality?

7. Is there anything else you would like me to know about expressive therapy?

8. Identity questions: please tell me the following, to your level of comfort:

    a. Your age.

    b. Any other identity that you feel may be salient to your experience.

    c. Amount of time using expressive therapy as a modality.

APPENDIX D

INTERVIEW PROTOCOL FOR CLIENT INITIAL INTERVIEW

Interview Protocol for Client Initial Interview

Introduction: I am going to be asking you to discuss your experience with expressive therapy. Additionally, therapy can be difficult to talk about. If at any time you feel uncomfortable, please let me know and I would be happy to pause or slow down the pace of the interview. I encourage you to honor your own emotions and boundaries, and feel free to stop the interview at any time.

Prompt: Think about a time during your counseling (therapy) as a client when expressive therapy was used in regard to your childhood sexual abuse. Take a moment to situate yourself in that place emotionally, physically. Let me know when you have done that.

1. Tell me about your experiences in expressive therapy.

2. (If needed as a prompt) Please describe what you were experiencing.

    a. What feelings did you have?

    b. What thoughts did you have?

    c. What bodily sensations did you have?

3. Have you shared all that is significant about this experience?

4. What changes do you associate with the experience of expressive therapy?

5. How has using expressive therapy as a modality impacted you as the client?

6. Has there been anything that surprised you about expressive therapy?

7. How has expressive therapy differed/been similar from other approaches or other therapeutic experiences?

8. Is there anything else you would like me to know about expressive therapy?

9. Identity questions: please tell me the following, to your level of comfort:

    a. Your age.

    b. Any other identity that you feel may be salient to your experience.

    c. Amount of time in therapy.

    d. Amount of time in expressive therapy.

APPENDIX E

SANDTRAY AND JOURNAL PROTOCOL

Sandtray and Journal Protocol

Sandtray Prompt: Please create a sandtray that represents your expressive therapy experience. This could be one specific experience or the experience as a whole.

1. Tell me about what you created.
2. What stands out to you?
3. Any surprises?
4. What was it like using the sandtray to represent your experience in therapy?

Journal Prompt: Please reflect on your interview or the observation of the interview and record additional thoughts, feelings, and body sensations.

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL

Protocol Number:	2005001514	**Expiration Date:**	
Investigator:	Maegen Horton	**Last Approval Date:**	04/08/2019

Streamlyne

Document Overview

Description:	Horton's Project from IRBNet
Explanation:	Moving Horton's project from IRBNet to Streamlyne Initial approval expedited 4/8/2019
Organization Doc Num:	

Protocol Summary

Protocol Number:	2005001514
Sequence Number:	0
Status:	Active - Open to Enrollment
Expiration Date:	
Last Approval Date:	04/08/2019
Investigator:	Maegen Horton

Protocol Number: 2005001514 **Expiration Date:**
Investigator: Maegen Horton **Last Approval Date:** 04/08/2019

New/Changed Attachments

Description	Last Updated	Updated By
1395754-1_Horton_Appendix A- email to counselors	09/25/2020 17:59:44	gabriela.masztalerz
1395754-1_Horton_Appendix D- interview protocol	09/25/2020 18:00:09	gabriela.masztalerz
1395754-1_Horton_CONSENT FORM FOR HUMAN PARTICIPANT	09/25/2020 18:03:47	gabriela.masztalerz

Other Attachments

Description	Last Updated	Updated By
1395754-1_Horton_Appendix F- script for counselor	09/25/2020 18:03:21	gabriela.masztalerz
1395754-1_Horton_Coversheet	09/25/2020 18:04:49	gabriela.masztalerz
13957541_Horton_Instructions_for_submitting_modifications	09/25/2020 18:05:40	gabriela.masztalerz
1395754-1_Horton_IRB Maegen Horton	09/25/2020 18:06:27	gabriela.masztalerz
1395754-1_Horton_IRB Maegen Horton-feedback	09/25/2020 18:07:14	gabriela.masztalerz
1395754-1_Horton_IRB Maegen Horton-feedback2	09/25/2020 18:07:42	gabriela.masztalerz
1395754-1_Horton_Modifications Required LEtter	09/25/2020 18:08:27	gabriela.masztalerz
1395754-2_Horton_Approval letter	09/25/2020 18:13:47	gabriela.masztalerz
1395754-2_Horton_IRB Maegen Horton-feedback integration	09/25/2020 18:14:34	gabriela.masztalerz

APPENDIX G

SANDTRAY FROM INTERVIEW 1

APPENDIX H

OBJECTS FROM NATURE BASKET THAT REPRESENT EXPERIENCE OF INTERVIEW 2

APPENDIX I

SANDTRY FROM INTERVIEW 3

APPENDIX J

ORIGINAL OPEN CODES

Original Open Codes

Relationship

- Accountability
- Advocating
- Attunement
- Authentic
- Awareness
- Becoming alive
- Being open to protectiveness
- Being understood-cared for
- Being whole
- Can I have my true feelings
- Check-in for feedback
- Competence
- Complex relationship
- Confusion
- Connection
- Connection to self and therapist
- Counselor reading between the lines
- Creativity
- Critical
- Disappointment with counselor
- Disbelief
- Encouragement
- Established trust-relationship
- Expressing internal world
- Fear
- Feedback
- Feeling insignificant in the relationship
- Feelings of unworthiness
- Gifts
- Going against the grain
- Going through a hard time
- Gratitude
- Growth
- Growth out of hardship
- Guidance
- Guiding structure
- Interdependence
- Learning
- Learning through multiple avenues
- Love
- Meaningful work
- Mistrust
- Mixed feelings

Mutuality
Opening
Outreach-going outside the therapy room
Protection
Responsibility
Restricted
Rupture
Shame
Shared intense experience
Space in the relationship to express painful feelings
Speaking up-telling my truth
Tenderness-love
To matter-be significant
Transitions
Trauma
Trust building
Trusting intuition
Unconditional care
Vulnerability
Working together

Expressive

Acceptance
Attachment
Awareness of body
Being held
Being understood
Challenge
Comfort
Connection
Connection to body
Connection to self and therapist
Connection to the outdoors
Crucial
Defining expressive
Digestible
Disconnection
Doubt
Establishing trust-relationship
Exploring the depths
Exposure
Expressing internal world
Flexibility
Fluctuating
Forms of expression
Fully feeling

Gifts
Healing-growth
Hope
Humility
Ignorance
Integration
Learning
Modeling
Outreach-going outside the therapy room
Playfulness
Present
Purpose
Reciprocity
Reparative
Resource
Resourcing
Risk
Self-doubt
Shame
Shared experience
Similar background
Supervision
Tenderness-love
To matter-to have impact
Training
Trauma
Unfamiliar
Vulnerability

Other

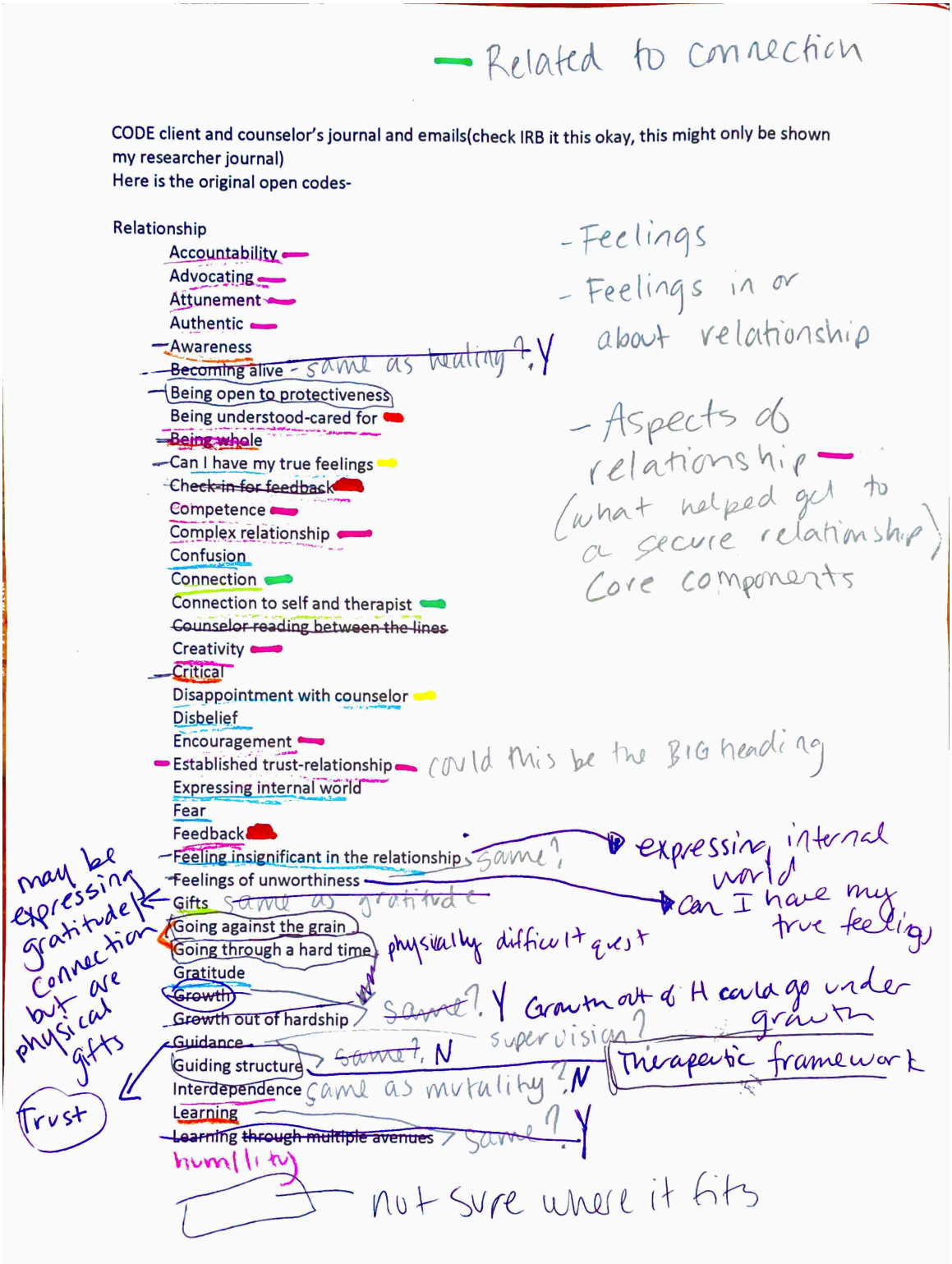
Anger-fear of being hurt
Belonging
Challenged during interview
Discomfort
Doubt
Empowered by nature
Experiencing attachment
Experiencing trauma while in the therapeutic relationship
Exposure
Feeling judged
Feeling othered-outside humanity
Feeling torn
Grief
Ineffective therapy
Lack of attachment
Loneliness

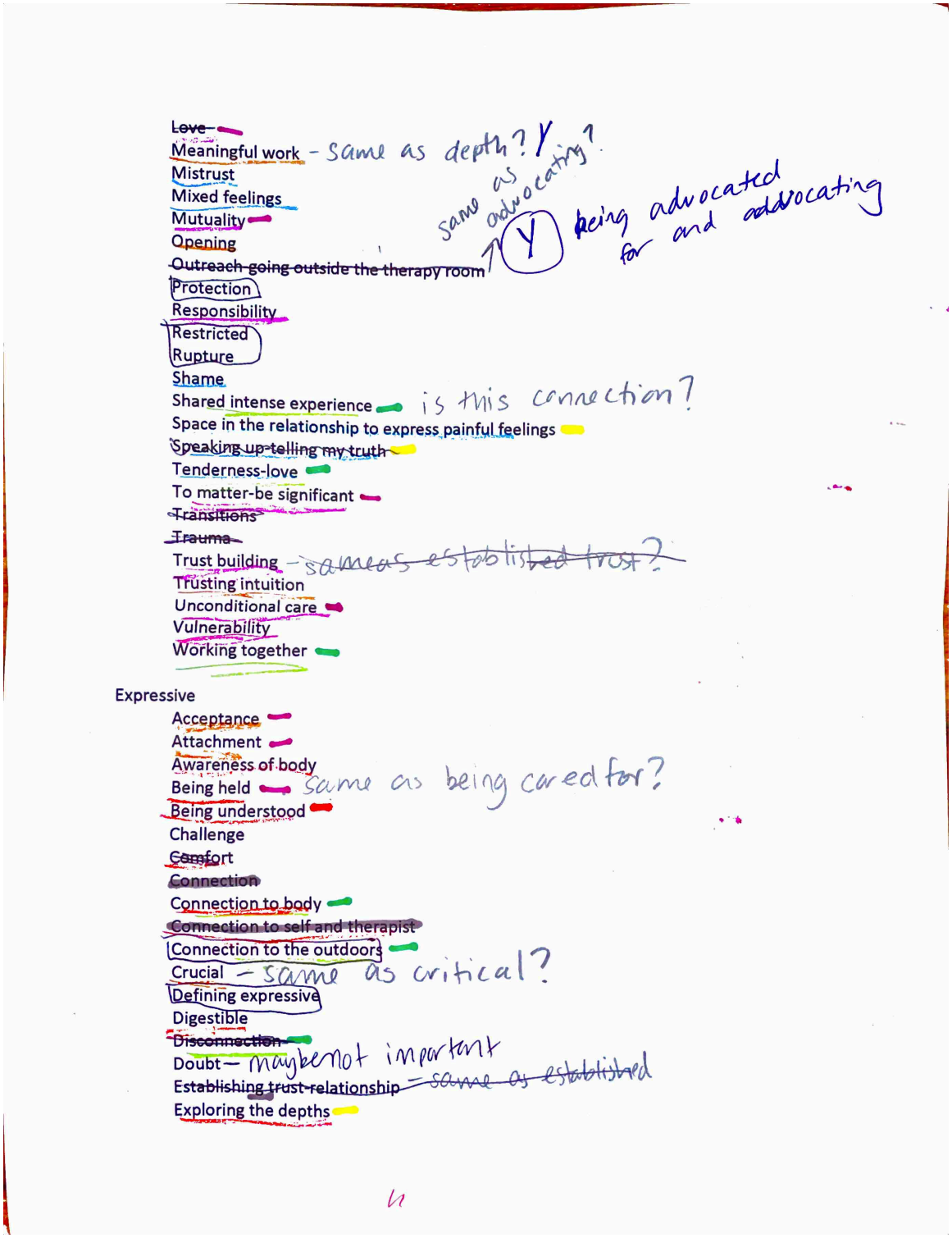
Questioning worth
Relief
Shame
Stepping towards healing
Support during crisis
Validation

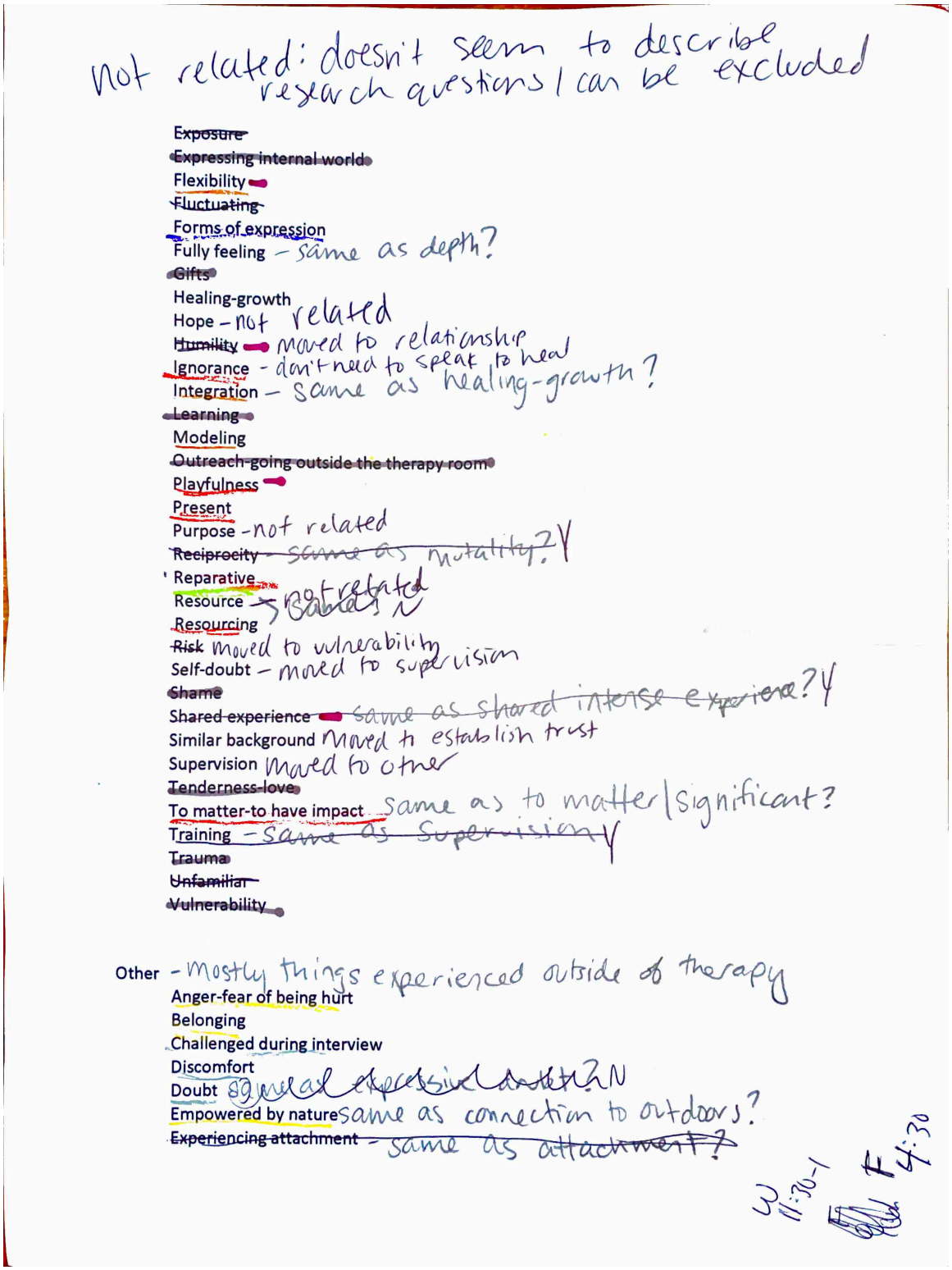
APPENDIX K

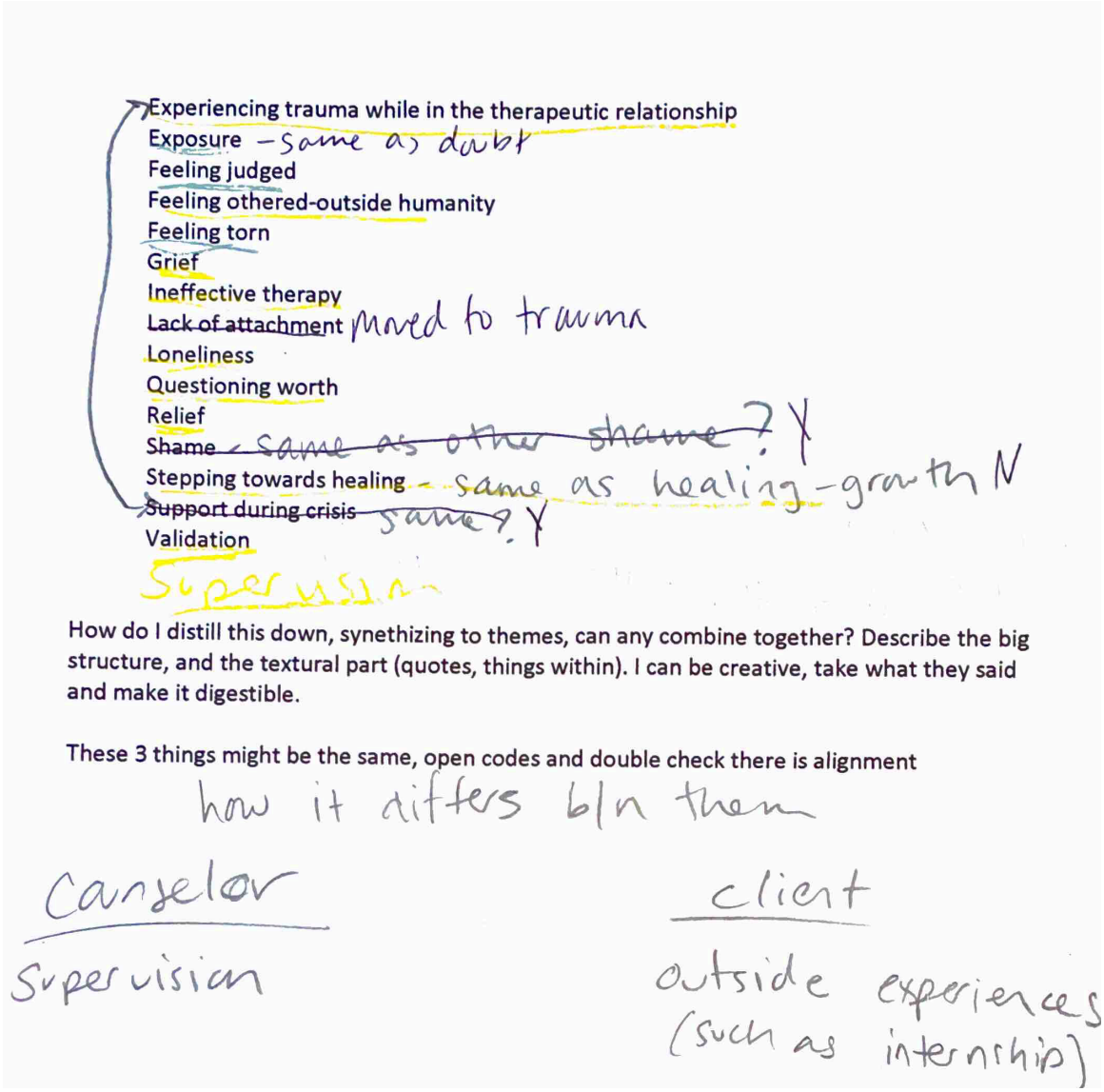
DISTILLED CODES--PHASE 1

Distilled Codes--Phase 1




Love
Meaningful work - same as depth?
Mistrust
Mixed feelings
Mutuality
Opening
Outreach-going outside the therapy room
same as advocating?
Y
being advocated for and advocating
Protection
Responsibility
Restricted
Rupture
Shame
Shared intense experience
is this connection?
Space in the relationship to express painful feelings
Speaking up-telling my truth
Tenderness-love
To matter-be significant
Transitions
Trauma
Trust building - same as established trust?
Trusting intuition
Unconditional care
Vulnerability
Working together
Expressive
Acceptance
Attachment
Awareness of body
Being held
same as being cared for?
Being understood
Challenge
Comfort
Connection
Connection to body
Connection to self and therapist
Connection to the outdoors
Crucial - same as critical?
Defining expressive
Digestible
Disconnection
Doubt - maybe not important
Establishing trust-relationship = same as established
Exploring the depths


not related: doesn't seem to describe research questions / can be excluded
~~Exposure~~
~~Expressing internal world~~
Flexibility
~~Fluctuating~~
Forms of expression
Fully feeling – same as depth?
~~Gifts~~
Healing-growth
Hope – not related
~~Humility~~ moved to relationship
Ignorance - don't need to speak to heal
Integration – same as healing-growth?
~~Learning~~
Modeling
~~Outreach-going outside the therapy room~~
Playfulness
Present
Purpose - not related
~~Reciprocity – same as mutality?~~ Y
Reparative
Resource – not related
Resourcing
~~Risk~~ moved to vulnerability
Self-doubt – moved to supervision
~~Shame~~
~~Shared experience~~ – same as shared intense experience? Y
Similar background moved to establish trust
Supervision moved to other
~~Tenderness-love~~
To matter-to have impact same as to matter/significant?
Training – ~~same as supervision~~ Y
~~Trauma~~
~~Unfamiliar~~
~~Vulnerability~~
Other - mostly things experienced outside of therapy
Anger-fear of being hurt
Belonging
Challenged during interview
Discomfort
Doubt ~~real expressive doubt?~~ N
Empowered by nature same as connection to outdoors?
~~Experiencing attachment – same as attachment?~~
W 11:30-1
F 4:30


Experiencing trauma while in the therapeutic relationship
Exposure - same as doubt
Feeling judged
Feeling othered-outside humanity
Feeling torn
Grief
Ineffective therapy
Lack of attachment moved to trauma
Loneliness
Questioning worth
Relief
Shame - same as other shame? Y
Stepping towards healing - same as healing-growth N
Support during crisis same? Y
Validation
Supervision
How do I distill this down, synethizing to themes, can any combine together? Describe the big structure, and the textural part (quotes, things within). I can be creative, take what they said and make it digestible.
These 3 things might be the same, open codes and double check there is alignment
how it differs b/n them
Canselor
Supervision
client
outside experiences (such as internship)

APPENDIX L

DISTILLED CODES--PHASE 2

Distilled Codes--Phase 2

Relationship

- Accountability
- Advocacy
- Attachment
- Authentic
- Being understood
- Cared for
- Vulnerability
- Unconditional care
- Trust building
- Feedback
- Competence
- Humility
- Encouragement
- Complexity
- Encouragement
- Creativity
- Interdependence
- Love
- Being whole
- Mutuality
- Responsibility
- To matter/be significant
- Repair

Connection to:

- Self
- Therapist
- Body
- Outdoors
- Disconnection

Expressive creates:

- Acceptance
- Attachment
- Crucial for growth
- Need for flexibility
- Integration
- Modeling
- Awareness of body/connect to body
- Safe touch/comfort
- Being understood cared for
- Felt feelings/explored the depths
- Expressed internal world

- Connected to self and therapist
- Trauma is more digestible
- Processed trauma
- Playfulness
- Resourcing
- Ability to be present
- Repair

Feelings
- Anger
- Disbelief
- Fear
- Gratitude
- Confusion
- Disappointment
- Mixed feelings
- Mistrust
- Love
- Shame

Other

Outside therapy experiences
- Ineffective previous therapy
- Supervision
- Experiencing trauma outside of relationship while working with Lucy
  - Feeling othered
  - Grief
  - Loneliness
  - Questioning worth

Interview experience
- Challenged during interview
- Feeling Judged
- Exposure
- Discomfort
- Doubt
- Validation
- Processing

APPENDIX M

FINAL ROUND OF CODING

Final Round of Coding

Relationship

- Attunement
- Advocacy
- Authenticity
- Vulnerability
- Understanding and Care
- Encouragement
- Creativity
- Mutuality
- Love
- Willingness
- Mattering
- Feedback
- Safety
- Trust
- Corrective Emotional Experience

Expressive

Awareness and Connection to Body

- Safe Touch and Comfort
- Crucial Moments
- Flexibility
- Playfulness
- Attachment to Self
    - subthemes connection to experiences and connection to feelings
        - sub-subtheme of feelings

Other

- Supervision
- Tumnus as a therapist
- Interview

APPENDIX N

PICTURE OF METAPHOR